| United States Bankruptcy Court for Western District of N | | |
|---|--|--------------------------------------|
| Case number (<i>If known</i>): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |
| Official Form 101 | | |
| oluntary Petitic | on for Individuals Filing for Bank | kruptcy |

-and in joint debtor owns e of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Rafat First name A Middle name Abudayeh Last name Suffix (Sr., Jr, II, III) | Safa First name M Middle name Lafy Last name Suffix (Sr., Jr, II, III) |
| 2. | All other names you have used in the last 8 years | First name | First name |
| | Include your married or maiden names. | Middle name | Middle name |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx- <u>6</u> <u>8</u> <u>8</u> <u>3</u> OR 9xx-xx- <u></u> | xxx-xx- <u>7</u> <u>1</u> <u>7</u> <u>6</u> OR 9 xx-xx |

12/15

Case:17-02520-swd Rafat Safa

Middle Name

First Name

Doc #:1 Abudayeh Lafy

Last Name

Filed: 05/19/2017 Page 2 of 60 Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ☑I have not used any business names or EINs. | ☑I have not used any business names or EINs. |
| | Include trade names and doing business as names | Business name | Business name |
| | | Business name | Business name |
| | | EIN | EIN |
| | | | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 1659 Wintercrest St. Number Street | Number Street |
| | | East Lansing, MI 48823 City State ZIP Code | City State ZIP Code |
| | | <u>Ingham</u> County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: | Check one: |
| | district to the for bankruptcy | ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408) |
| | | | |
| | | | |
| | | | |
| | | | |

First Name

Rafat Safa M Doc #:1 Filed: 05/19/2017 Lafy

Last Name

Middle Name

Page 3 of 60 Case number (if known)

Tell the Court About Your Bankruptcy Case Part 2: Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. Code you are choosing to file Chapter 7 under Chapter 11 Chapter 12 Chapter 13 ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details 8. How you will pay the fee about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. ✓No. Have you filed for bankruptcy within the last 8 years? Yes. District _____ When ____ MM / DD / YYYY When Case number MM / DD / YYYY District Case number MM / DD / YYYY **✓**No. 10. Are any bankruptcy cases pending or being filed by a Yes. Debtor_ Relationship to you spouse who is not filing this case with you, or by a business Case number, if known District partner, or by an affiliate? MM / DD / YYYY Debtor Relationship to you Case number, if known MM / DD / YYYY 11. Do you rent your residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

| Debi Debi | tor 1 tor 2 | Rafat Safa First Name | M M | 520-swd | Doc #:1 Abudayeh Lafy | Filed: 05 | /19/2017 | Page 4 of 60 Case number (| 'if known) |
|--------------|--|-----------------------------------|-------------------------|--------------------------------|-----------------------------|-------------------|------------------|--|-------------------------|
| Par | t 3: Report Abo | out Any Busin | | | Sole Propri | etor | | | |
| 12. | Are you a sole profull- or part-time b | | | So to Part 4. Name and loca | tion of business | | | | |
| | A sole proprietorshi you operate as an ir not a separate legal a corporation, partn | ndividual, and is lentity such as | Name | e of business, if | any | | | | _ |
| | If you have more that proprietorship, use sheet and attach it to | an one sole a separate | Numb | oer Stree | t | | | | - |
| | | | City | | | | State | ZIP Code | - |
| | | | Chec | ck the approprie | ite box to describ | e your busines | s: | | |
| | | | ☐ H | Health Care Bu | siness (as define | ed in 11 U.S.C. | § 101(27A)) | | |
| | | | | Single Asset Re | eal Estate (as de | fined in 11 U.S. | C. § 101(51B)) | | |
| | | | | Stockbroker (as | defined in 11 U.S | S.C. § 101(53A |)) | | |
| | | | | Commodity Bro | ker (as defined in | 11 U.S.C. § 10 | 1(6)) | | |
| | | | <u> </u> | None of the abo | ve | | | | |
| 13. | Are you filing und of the Bankruptcy you a s <i>mall busine</i> | Code and are | deadlines operations | . If you indicate | that you are a sn | nall business de | btor, you must | a small business debtor so to attach your most recent balar of these documents do not ex | nce sheet, statement of |
| | For a definition of sa debtor, see 11 U.S. | | √ No. | I am not fili | ng under Chapte | r 11. | | | |
| | <i>debiol</i> , see 11 0.0. | 0. 3 101(010). | ☐ No. | I am filing u Bankruptcy | | , but I am NOT | a small busine | ss debtor according to the d | efinition in the |
| | | | ☐ Yes. | I am filing υ Code. | ınder Chapter 11 | and I am a sm | all business del | otor according to the definitio | n in the Bankruptcy |
| Par | t 4: Report if Yo | ou Own or Ha | ave Any I | Hazardous I | Property or A | ny Property | That Need | s Immediate Attentio | n |
| | | | √ No. | | | | | | |
| 14. | Do you own or ha property that pose | es or is | ☐ Yes. | What is the h | azard? | | | | |
| | alleged to pose a imminent and ide | | | | | | | | |
| | hazard to public h | nealth or | | | | | | | |
| | safety? Or do you property that need | | | If immediate a | attention is neede | ed. why is it nee | ded? | | |

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

attention?

Where is the property?

City

If immediate attention is needed, why is it needed? ____

State

Rafat Safa M Doc #:1 Abudayeh

Last Name

Filed: 05/19/2017

Page 5 of 60 Case number (if known)

Part 5: E

Explain Your Efforts to Receive a Briefing About Credit Counseling

Middle Name

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

First Name

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing

in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefin | ng about credit |
|--|-----------------|
| counceling because of | • |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing

in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Rafat Safa M

Doc #:1 Abudayeh Lafy Filed: 05/19/2017

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First Name Middle Name Last Name Answer These Questions for Reporting Purposes Part 6: 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by 16. What kind of debts do you an individual primarily for a personal, family, or household purpose." have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under Chapter 7? No. I am not filing under Chapter 7. Go to line 18. Do you estimate that after any Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative exempt property is excluded expenses are paid that funds will be available to distribute to unsecured creditors? and administrative expenses ☐ No are paid that funds will be available for distribution to ☐ Yes unsecured creditors? **₫** ₁₋₄₉ 1,000-5,000 25.001-50.000 18. How many creditors do you ☐ ₅₀₋₉₉ 5.001-10.000 50.000-100.000 estimate that you owe? 100-199 10.001-25.000 More than 100.000 200-999 □ \$1,000,001-\$10 million \$0-\$50.000 \$500.000.001-\$1 billion 19. How much do you estimate \$10,000,001-\$50 million \$50,001-\$100,000 \$1,000,000,001-\$10 billion your assets to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$100.000.001-\$500 million \$500.001-\$1 million More than \$50 billion \$1,000,001-\$10 million \$0-\$50.000 \$500.000.001-\$1 billion 20. How much do you estimate \$10,000,001-\$50 million \$1,000,000,001-\$10 billion \$50.001-\$100.000 your liabilities to be? \$50,000,001-\$100 million \$100,001-\$500,000 \$10,000,000,001-\$50 billion \$500.001-\$1 million □ \$100.000.001-\$500 million More than \$50 billion Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Rafat A Abudayeh X /s/ Safa M Lafy Rafat A Abudayeh, Debtor 1 Safa M Lafy, Debtor 2

Executed on 05/19/2017

MM/ DD/ YYYY

Executed on 05/19/2017

MM/ DD/

YYYY

| Debtor | 1 |
|--------|---|
| Debtor | 2 |

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Safa M Lafy
First Name Middle Name Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Kimberly L. Savage | Date <u>05/19/2017</u> |
|-------------------------------------|--|
| Kimberly L. Savage, Attorney | MM / DD / YYYY |
| Kimberly L. Savage | |
| Printed name | |
| Savage Legal Group, PC | |
| Firm name | |
| 1483 Haslett Road | |
| Number Street | |
| Haslett | MI 48840 |
| City | State ZIP Code |
| Contact phone <u>(517) 515-5000</u> | Email address kim@savagelegalgroup.com |
| P68267 | Michigan |
| Bar number | State |

Certificate Number: 17082-MIW-CC-029273412



CERTIFICATE OF COUNSELING

I CERTIFY that on May 18, 2017, at 9:19 o'clock AM MST, SAFA M LAFY received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 18, 2017 By: /s/Orsolya K Lazar

Name: Orsolya K Lazar

Title: Executive Director

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 17082-MIW-CC-029273192



CERTIFICATE OF COUNSELING

I CERTIFY that on May 18, 2017, at 8:47 o'clock AM MST, RAFAT A ABUDAYEH received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 18, 2017 By: /s/Orsolya K Lazar

Name: Orsolya K Lazar

Title: Executive Director

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

| Fill in t | this informat | on to identify yo | ase:17-0252 ur case and this fillr | | 2 <mark>0</mark> 17 Page 10 of | f 60 | |
|-----------|-----------------------------|--|---------------------------------------|--|---------------------------------------|--|----------|
| Debto | | Rafat First Name | A Middle Nam | Abudayeh | _ | | |
| Debto | r 2 se, if filing) | Safa First Name | M Middle Nam | Lafy | _ | | |
| United | l States Banl | cruptcy Court for | the: | Western District of Michigan | | | |
| Case r | number | | | | | Check if this is an amended filing | |
| Offic | cial Fo | m 106A/ | <u>B</u> | | | amended ming | |
| Sch | nedule | A/B: Pi | roperty | | | | 12/15 |
| space is | s needed, at | tach a separate | sheet to this form. | two married people are filing together, both are. On the top of any additional pages, write your nag, Land, or Other Real Estate You Own | ame and case number (if kr | nown). Answer every que | |
| 2. A | No. Go to Yes. Whe | Part 2. re is the property ar value of the p | · /? ortion you own for | est in any residence, building, land, or similar pr all of your entries from Part 1, including any en here | tries for pages | → | |
| Part | | ibe Your Veh | | st in any vehicles, whether they are registered or | net2 Include any vehicles | | |
| | | | | e, also report it on Schedule G: Executory Contract | | | |
| | ars, vans, tro No Yes | ucks, tractors, s | port utility vehicles | s, motorcycles | | | |
| 3.′ | 1 Make: Model: | | Honda Accord | Who has an interest in the property? Check or ✓ Debtor 1 only | amount of any sec | cured claims or exemptions cured claims on Schedule lave Claims Secured by Pr | D: |
| | Year: | ata milla e e e | 2004 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Current value of the entire property? | he Current value o | of the |
| | Approximation Other info | ate mileage: rmation: | | ☐ Check if this is community property (see | \$3,00 | 00.00 \$ | 3,000.00 |
| | | | | instructions) | | | |

Official Form 106A/B Schedule A/B: Property page 1

If you own or have more than one, list here:

| Debt | or 2 | Safa | M | | Lafy | | - | |
|------|------------|-------------------------------|-------------------------|--------------------------------|--|------------------------------|-------------------------|---|
| | | First I | Name Midd | dle Name | Last Name | | | |
| | | Make: | Honda Odyssey | _ Who has ar ✓ Debtor 1 | n interest in the property' | amour | nt of any secured cla | ims or exemptions. Put the ims on <i>Schedule D:</i> |
| | | Model: Year: | 2004 | | only and Debtor 2 only one of the debtors and ano | Curren | t value of the | ns Secured by Property. Current value of the |
| | , | Approximate mileage: | | | | entire p | property? \$2,367.00 | portion you own? \$2,367.00 |
| | | Other information: | | instructio | this is community proper ons) | ty (see | | |
| 4. | Exa | | | | onal vehicles, other vehicle vessels, snowmobiles, mo | | | |
| 5. | | | | | ntries from Part 2, includi | | | \$5,367.00 |
| | | | | | | | | |
| Par | t 3: | Describe Your P | ersonal and Hou | sehold Item | S | | | |
| Do | you | own or have any lega | al or equitable interes | st in any of the f | iollowing items? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Hou | sehold goods and fu | rnishings | | | | | |
| | Exan | nples: Major applian | ces, furniture, linens, | china, kitchenwa | are | | | |
| | | lo 'es. Describe | Furniture, tv, appli | iances, dishes, d | cookware, utensils, misc. h | ousehold | | \$3,000.00 |
| | | ronics nples: Televisions ar | nd radios: audio. video | o. stereo. and di | aital equipment: computers | s, printers, scanners; music | c collections: | |
| | | | | | media players, games | ,, | , | |
| | 7 | lo ′es. Describe | TV (2nd), DVD pl | ayer, computer, | printer, X-Box & accessori | es | | \$830.00 |
| 8. | Colle | ectibles of value | | | | | | |
| | _ | stamp, coin, c | | | twork; books, pictures, or ections, memorabilia, colle | | | |
| | √ Y | lo 'es. Describe | | | | | | |
| 9. | Equi | pment for sports and | d hobbies | | | | | |
| | | nples: Sports, photog | | | uipment; bicycles, pool tabl | es, golf clubs, skis; canoes | and kayaks; | |
| | 7 | lo 'es. Describe | Bicycles | | | | | \$120.00 |

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Rafat Case:17-02520-swd

Debtor 1

Filed: 05/19/2017 Page 12 of 60 Case number (if known) Case:17-02520-swd Debtor 1 Rafat Debtor 2 Safa Lafy Middle Name First Name Last Name Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ No Three (3) pistols; one (1) rifle. Yes. Describe...... \$1,200.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Men's, women's and children's clothing. Yes. Describe...... \$400.00 12. Jewelry Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No Costume jewelry; watches Yes. Describe...... \$150.00 13. Non-farm animals Examples: Dogs, cats, birds, horses l No Two (2) cats. unknown Yes. Describe...... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe...... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here \$5,700.00 Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No \$100.00 **☑** Yes..... Cash..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No **☑** Yes..... Institution name:

First Name

Middle Name

Case:17-02520-swd Doc #:1 Filed: 05/19/2017 Page 13 of 60 Case number (if known)
Safa M Lafy

Last Name

| | | 17.1. Checking account: | Bank of America | \$120.00 |
|-----|--|---|--|----------|
| | | 17.2. Checking account: | | |
| | | 17.3. Savings account: | | |
| | | 17.4. Savings account: | - | |
| | | 17.5. Certificates of deposit: | | |
| | | 17.6. Other financial account: | - | |
| | | 17.7. Other financial account: | - | |
| | | 17.8. Other financial account: | | |
| | | 17.9. Other financial account: | | |
| 18. | | or publicly traded stocks s, investment accounts with brokerage | firms, money market accounts | |
| 19. | | | nd unincorporated businesses, including an interest in | |
| | ✓ No ☐ Yes. Give specific information about them | | | |
| 20. | | orate bonds and other negotiable | _ | |
| | - | | ecks, promissory notes, and money orders. someone by signing or delivering them. | |
| | No Yes. Give specific information about them | | | |
| 21. | Retirement or pension | accounts | | |
| | | IRA, ERISA, Keogh, 401(k), 403(b), | thrift savings accounts, or other pension or profit-sharing plans | |
| | ✓ No ☐ Yes. List each accouseparately. | int | | |
| 22. | Security deposits and p | prepayments | | |
| | | | nay continue service or use from a company | |
| | Examples: Agreements others | with landlords, prepaid rent, public ut | ilities (electric, gas, water), telecommunications companies, or | |
| | √ No | | | |

Debtor 1
Debtor 2

Case:17-02520-swd Doc #:1 Filed: 05/19/2017 Page 14 of 60 Case number (if known)

Lafy
First Name Middle Name Last Name

| 23. | Annuities (A contract for a periodic payment | of money to you, either for life or for a number of years) | | |
|-----|--|---|---|--------------------------------|
| | ☑ No ☐ Yes | | | |
| 24. | Interests in an education IRA, in an account 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b) ✓ No ☐ Yes | nt in a qualified ABLE program, or under a qualified state tuition (1). | n program. | |
| 25. | Trusts, equitable or future interests in propension of the property of the pro | erty (other than anything listed in line 1), and rights or powers | exercisable for your | |
| 26. | Patents, copyrights, trademarks, trade sec Examples: Internet domain names, website ✓ No ☐ Yes. Give specific information about them | rets, and other intellectual property s, proceeds from royalties and licensing agreements | | |
| 27. | Licenses, franchises, and other general int Examples: Building permits, exclusive licer professional licenses ✓ No Yes. Give specific information about them | angibles uses, cooperative association holdings, liquor licenses, | | |
| 28. | Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years | 2017 2017 Federal State and Local Refunds (accrued portion; pro-rated based on 2016 refund amounts) | Federal: State: Local: | \$3,000.00 \$0.00 \$0.00 |
| 29. | Family support Examples: Past due or lump sum alimony, s ✓ No ☐ Yes. Give specific information | pousal support, child support, maintenance, divorce settlement, pro | Alimony: Maintenance: Support: Divorce settlement: Property settlement: | |

Debtor 1
Debtor 2

Case:17-02520-swd Doc #:1 Filed: 05/19/2017 Page 15 of 60 Case number (if known)

Lafy
First Name Middle Name Last Name

| 30. | Other amounts someone owes you |
|-----|--|
| | Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else |
| | ☑ No |
| | ☐ Yes. Give specific information |
| | |
| | |
| 31. | Interests in insurance policies |
| | Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance |
| | ✓ No ☐ Yes. Name the insurance company |
| | of each policy and list its value |
| 32. | Any interest in property that is due you from someone who has died |
| OZ. | If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property |
| | because someone has died. |
| | ✓ No ☐ Yes. Give specific information |
| | |
| | |
| 33. | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment |
| | Examples: Accidents, employment disputes, insurance claims, or rights to sue |
| | ☑ No |
| | Yes. Describe each claim |
| | |
| 34. | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights |
| 54. | to set off claims |
| | ☑ No |
| | Yes. Describe each claim |
| | |
| 05 | A C C. I C. I |
| 35. | |
| | ✓ No ☐ Yes. Give specific information |
| | |
| | |
| 36. | Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached |
| | for Part 4. Write that number here |
| | |
| Par | |
| 37. | |
| | ✓ No. Go to Part 6. ☐ Yes. Go to line 38. |
| | |

Debtor 1
Debtor 2

Rafat
Case:17-02520-swd
Abudayeh
Abudayeh
First Name
Case:17-02520-swd
Abudayeh
Abudayeh
Abudayeh
Abudayeh
Filed: 05/19/2017
Page 16 of 60
Case number (if known)
Lafy
First Name
Last Name

| 38. | | | | |
|-----|--|--|-------------------------------|---------|
| 50. | Accounts receivable or co | ommissions you already earned | | |
| | ☐ No | | | |
| | Yes. Describe | | | |
| | | | | |
| 39. | Office equipment, furnish | hings, and supplies | | |
| | Examples: Business-rela | ated computers, software, modems, printers, copiers, fax machines, rugs, telephon | es, desks, chairs, electronic | devices |
| | ☐ No | | | |
| | Yes. Describe | | | |
| | | | | |
| 40. | Machinery, fixtures, equip | ment, supplies you use in business, and tools of your trade | | |
| | ☐ No | | | |
| | Yes. Describe | | | |
| | | | | |
| 41. | Inventory | | | |
| | ☐ No | | | |
| | Yes. Describe | | | |
| | | | | |
| 42. | Interests in partnerships | or joint ventures | | |
| | | or joint total oc | | |
| | ☐ No☐ Yes. Describe | | | |
| | | | | |
| | | Name of entity: | % of ownership: | |
| | ' | name of only. | | |
| | | | 0/ | |
| | • | | % | |
| | • | | % | |
| | | | % | |
| | | | | |
| | | | | |
| 43. | Customer lists, mailing li | ists, or other compilations | % | |
| 43. | = | ists, or other compilations | % | |
| 43. | □ No | ists, or other compilations lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| 43. | No Yes. Do your lists inc | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| 43. | ☐ No☐ Yes. Do your lists inc | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| | No Yes. Do your lists incl No Yes. Describ | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| 43. | No Yes. Do your lists incl No Yes. Describ | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| | No Yes. Do your lists incl No Yes. Describ Any business-related pro | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| | No Yes. Do your lists incl No Yes. Describ | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| | No Yes. Do your lists incl No Yes. Describ Any business-related pro No Yes. Give specific | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| | No Yes. Do your lists incl No Yes. Describ Any business-related pro No Yes. Give specific | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| | No Yes. Do your lists incl No Yes. Describ Any business-related pro No Yes. Give specific | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| | No Yes. Do your lists incl No Yes. Describ Any business-related pro No Yes. Give specific | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |
| | No Yes. Do your lists incl No Yes. Describ Any business-related pro No Yes. Give specific | lude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | % | |

| Debt Debt | | Rafat Safa | | 7-02520-swd M | Lafy | Filed: 05/19/2017 | Page 17 of 60 Case numbe | r (if known) |
|--------------|--|---------------|------------------|-----------------------|--------------------|---------------------------------|-----------------------------|--------------|
| | | First N | lame | Middle Name | Last Name | 9 | | |
| 45. | | | - | | | s for pages you have attached | | |
| Par | | | | mmercial Fishing | | perty You Own or Have a | an Interest In. | |
| 46. | Do you own or have ✓ No. Go to Part 7 ☐ Yes. Go to line 4 | | legal or equi | table interest in any | farm- or comme | rcial fishing-related property? | | |
| 47. | Farm animals Examples: Livesto No Yes | | ultry, farm-rais | sed fish | | | | |
| 48. | Crops—either gro | fic | or harvested | 1 | | | |] |
| 49. | Farm and fishing o | | nent, implem | ents, machinery, fixt | ures, and tools | of trade | | |
| 50. | Farm and fishing s No Yes | | es, chemicals | , and feed | | | | |
| 51. | Any farm- and com No Yes. Give speci | fic | al fishing-rela | ated property you did | d not already list | 1 | |] |
| 52. | | | - | | | s for pages you have attached | | |
| Par | t 7: Describe A | II Dro | nerty Vou | Own or Have ar | n Interest in | That You Did Not List Ak | | |

Debtor 2 Safa First Name Middle Name Last Name 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **✓** No ☐ Yes. Give specific information..... Add the dollar value of all of your entries from Part 7. Write that number here....... \$0.00 List the Totals of Each Part of this Form Part 1: Total real estate, line 2.. \$0.00 Part 2: Total vehicles, line 5 \$5,367.00 Part 3: Total personal and household items, line 15 57. \$5,700.00 58. Part 4: Total financial assets, line 36 \$3,220.00 Part 5: Total business-related property, line 45 \$0.00 59. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61..... \$14,287.00 Copy personal property total -\$14,287.00 62. \$14,287.00 Total of all property on Schedule A/B. Add line 55 + line 62.....

Filed: 05/19/2017

Case:17-02520-swd

Rafat

Debtor 1

| ebtor 1 | Rafat | Α | Abudayeh | | | |
|--|--|--|--|---------------------------------|---|---|
| | First Name | Middle Nan | | | | |
| ebtor 2 | | | | | | |
| pouse, if filing) | First Name | Middle Nan | ne Last Name | | | |
| nited States Ban | kruptcy Court for the | : | Western District of Mi | ichigar | <u>n</u> | |
| ase number known) | | | | | _ | ☐ Check if this is an amended filing |
| fficial Fo | rm 106C | | | | | |
| chedule | e C: The F | roperty | y You Clair | m a | s Exempt | 04/1 |
| perty you listed ch to this page | on Schedule A/B: as many copies of | Property (Offic Part 2: Additio | ial Form 106A/B) as yo nal Page as necessary | our sou . On the | e top of any additional pages, write you | exempt. If more space is needed, fill out an |
| m an exemptio | n of 100% of fair ma | arket value und | | e exem | nption to a particular dollar amount and | be unlimited in dollar amount. However, i d the value of the property is determined to |
| | it, your excilipation | | | , | | |
| | fy the Property | You Claim a | as Exempt | | | |
| art 1: Identi | fy the Property | | · · · · · · · · · · · · · · · · · · · | | | |
| art 1: Identi | fy the Property | u claiming? Ch | eck one only, even if yo | | - · · · · · · · · · · · · · · · · · · · | |
| Which set of You are cla | fy the Property exemptions are you | u claiming? Ch | eck one only, even if yo | | - · · · · · · · · · · · · · · · · · · · | |
| Which set of You are cla | fy the Property exemptions are you aiming state and federal exem | u claiming? Cheral nonbankrupi ptions. 11 U.S.C | eck one only, even if yout one control of the contr | .C. § 52 | 22(b)(3) | |
| Which set of You are class You are class You are proper | exemptions are you aiming state and federal exemptions exemptions are you aiming federal exemptions are you list on School | u claiming? Cheral nonbankrupi ptions. 11 U.S.C | eck one only, even if youtou exemptions. 11 U.S c. § 522(b)(2) you claim as exempt, f | .C. § 52 | 22(b)(3) ne information below. | Specific laws that allow exemption |
| Which set of You are cla You are cla For any proper | fy the Property exemptions are you aiming state and federal exem | u claiming? Cheral nonbankrupi ptions. 11 U.S.C edule A/B that y and line on | eck one only, even if yout one control of the contr | .C. § 52 | 22(b)(3) | Specific laws that allow exemption |
| Which set of You are cla You are cla For any prope Brief descript | exemptions are you aiming state and federal exemptions federal exemptions of the property | u claiming? Cheral nonbankrupi ptions. 11 U.S.C edule A/B that y and line on erty | eck one only, even if you continue to the continue of the cont | .C. § 52 | 22(b)(3) ne information below. | Specific laws that allow exemption |
| Which set of You are cla You are cla For any proper | exemptions are you aiming state and federal exemptions federal exemptions of the property | u claiming? Cheral nonbankrupi ptions. 11 U.S.C edule A/B that y and line on erty | eck one only, even if you toy exemptions. 11 U.S. § 522(b)(2) You claim as exempt, for the portion you own Copy the value from | .C. § 52 | 22(b)(3) ne information below. mount of the exemption you claim | Specific laws that allow exemption 11 U.S.C. § 522(d)(2) |
| Which set of You are cla You are cla For any prope Brief descript Schedule A/B | exemptions are you aiming state and federal exemptions federal exemptions of the property that lists this property | u claiming? Cheral nonbankrupi ptions. 11 U.S.C edule A/B that y and line on erty | eck one only, even if you can be compared to exemptions. 11 U.S. S. § 522(b)(2) You claim as exempt, for the compared to exempt on the portion you own Copy the value from Schedule A/B | .C. § 52 | 22(b)(3) ne information below. mount of the exemption you claim theck only one box for each exemption. | |
| Which set of You are cla You are cla For any prope Brief descript Schedule A/B: Brief Brief Brief Brief Brief | exemptions are you aiming state and federal exemptions federal exemption of the property that lists this property that li | u claiming? Cheral nonbankrupi ptions. 11 U.S.C edule A/B that y and line on erty | eck one only, even if you can be compared to exemptions. 11 U.S. S. § 522(b)(2) You claim as exempt, for the compared to exempt on the portion you own Copy the value from Schedule A/B | .C. § 52 | 22(b)(3) ne information below. mount of the exemption you claim theck only one box for each exemption. \$3,000.00 100% of fair market value, up to any | |
| Which set of You are cla You are cla You are cla For any prope Brief descript Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Line from Line from Line from | exemptions are you aiming state and federal exemptions federal exemption of the property that lists this property that li | u claiming? Cheral nonbankrupi ptions. 11 U.S.C edule A/B that y and line on erty | eck one only, even if you can be compared to exemptions. 11 U.S. 5. § 522(b)(2) You claim as exempt, for the compared to exempt on the portion you own Copy the value from Schedule A/B \$3,000.00 | .C. § 52 | 22(b)(3) ne information below. mount of the exemption you claim theck only one box for each exemption. \$3,000.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(2) |
| Which set of You are cla You are cla For any proper Brief descript Schedule A/B: Brief description: Line from Schedule A/B: Brief Control Co | exemptions are you aiming state and federal exemptions federal exemption of the property that lists this property that li | u claiming? Cheral nonbankrupi ptions. 11 U.S.C edule A/B that y and line on erty cord yssey pliances, | eck one only, even if you can be compared to exemptions. 11 U.S. 5. § 522(b)(2) You claim as exempt, for the compared to exempt on the portion you own Copy the value from Schedule A/B \$3,000.00 | C. § 52 Fill in th Ar Cr | pe information below. Immount of the exemption you claim Sheck only one box for each exemption. \$3,000.00 100% of fair market value, up to any applicable statutory limit \$2,367.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(2) 11 U.S.C. § 522(d)(5) |
| Which set of You are cla You are cla For any prope Brief descript Schedule A/B Brief description: Line from | exemptions are you aiming state and federal exemptions federal exemption of the property that lists this property that li | u claiming? Cheral nonbankrupiptions. 11 U.S.C. edule A/B that yand line onerty cord yssey pliances, e, | eck one only, even if you can be compared to exemptions. 11 U.S. 5. § 522(b)(2) You claim as exempt, for the compared to exempt on the portion you own Copy the value from Schedule A/B \$3,000.00 | C. § 52 Fill in th Ar Cr Z1 | 22(b)(3) ne information below. mount of the exemption you claim theck only one box for each exemption. \$3,000.00 100% of fair market value, up to any applicable statutory limit \$2,367.00 100% of fair market value, up to any | 11 U.S.C. § 522(d)(2) |

☐ No☐ Yes

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Last Name

Part 2: Additional Page

First Name

Middle Name

| | on of the property and line on that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | nount of the exemption you claim neck only one box for each exemption. | Specific laws that allow exemption |
|--|--|---|----------|---|------------------------------------|
| Brief description: Line from Schedule A/B: | TV (2nd), DVD player, computer, printer, X-Box & accessories | \$830.00 | | \$415.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Line from Schedule A/B: | Bicycles | \$120.00 | S | \$60.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Line from Schedule A/B: | Three (3) pistols; one (1) rifle. | \$1,200.00 | 1 | \$1,200.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Line from Schedule A/B: | Men's, women's and children's clothing. | \$400.00 | 1 | \$200.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Brief description: Line from Schedule A/B: | Costume jewelry; watches | \$150.00 | | \$75.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Brief description: Line from Schedule A/B: | Two (2) cats. | unknown | 1 | unknown 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Line from Schedule A/B: | <u>Cash</u> | \$100.00 | S | \$50.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Line from Schedule A/B: | Bank of America Checking account | \$120.00 | 1 | \$120.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |

Rafat Case:17-02520-swd Debtor 1 Debtor 2 Lafy Safa

Doc #:1 Filed: 05/19/2017 Page 21 of 60 Case number (if known) First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--|--------------------------------------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Brief description: Line from Schedule A/B: | 2017 Federal State and Local Refunds (accrued portion; pro-rated based on 2016 refund amounts) Federal tax | \$3,000.00 | \$1,500.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |

| Debtor 1 | | | | | | |
|--|---|--|---|---------------------------------|---|---|
| • | First Name | Middle Nam | e Last Name | | | |
| ebtor 2 | Safa | M | Lafy | | | |
| Spouse, if filing) | First Name | Middle Nam | | | | |
| | nkruptcy Court for the: _ | v | Vestern District of M | ichigar | 1 | |
| ase number known) | | | | | _ | ☐ Check if this is an amended filing |
| fficial Fo | orm 106C | | | | | |
| chedul | e C: The Pr | operty | / You Clai | m a | s Exempt | 04/1 |
| mpt. Alternative mptions—such man exemptions eed that amou | vely, you may claim the ch as those for health a | full fair mark lids, rights to et value unde | et value of the prope receive certain ben er a law that limits th | rty beir efits, ar e exem | ng exempted up to the amount of any a nd tax-exempt retirement funds—may option to a particular dollar amount and | oing so is to state a specific dollar amount applicable statutory limit. Some v be unlimited in dollar amount. However, in the value of the property is determined to |
| Which set of | tify the Property Your fexemptions are you claiming state and federal | laiming? Che | eck one only, even if y | | • • | |
| Which set of ☐ You are c ☑ You are c | f exemptions are you cl claiming state and federal claiming federal exemption | laiming? Che nonbankrupto ons. 11 U.S.C. | eck one only, even if y cy exemptions. 11 U.S . § 522(b)(2) | 5.C. § 5 | 22(b)(3) | |
| Which set of ☐ You are c ☐ You are c For any prop | f exemptions are you claiming state and federal claiming federal exemption perty you list on Schedu | laiming? Che nonbankrupto ons. 11 U.S.C. | eck one only, even if y cy exemptions. 11 U.S . § 522(b)(2) ou claim as exempt, | S.C. § 5 | 22(b)(3) ne information below. | Specific laws that allow exemption |
| Which set of ☐ You are c ☐ You are c For any prop Brief descrip | f exemptions are you cl claiming state and federal claiming federal exemption | laiming? Che nonbankrupto ons. 11 U.S.C. ule A/B that yo d line on | eck one only, even if y cy exemptions. 11 U.S . § 522(b)(2) | S.C. § 5 | 22(b)(3) | Specific laws that allow exemption |
| Which set of ☐ You are c ☐ You are c For any prop Brief descrip | f exemptions are you claiming state and federal claiming federal exemption perty you list on Schedution of the property and | laiming? Che nonbankruptons. 11 U.S.C. ule A/B that you dine on () | eck one only, even if y cy exemptions. 11 U.S § 522(b)(2) ou claim as exempt, Current value of the | S.C. § 55 | 22(b)(3) ne information below. | Specific laws that allow exemption |
| Which set of ☐ You are c ☐ You are c For any prop Brief descrip | f exemptions are you claiming state and federal claiming federal exemption perty you list on Schedution of the property and | laiming? Che nonbankrupto ons. 11 U.S.C. ule A/B that yo d line on () | eck one only, even if y cy exemptions. 11 U.S § 522(b)(2) ou claim as exempt, Current value of the cortion you own | S.C. § 55 | 22(b)(3) The information below. The exemption you claim | Specific laws that allow exemption 11 U.S.C. § 522(d)(2) |
| Which set of You are co You are co For any prop Brief descrip Schedule A/E | f exemptions are you claiming state and federal claiming federal exemption perty you list on Schedulation of the property and a that lists this property | laiming? Che nonbankrupto ons. 11 U.S.C. ule A/B that yo d line on () | eck one only, even if y cy exemptions. 11 U.S. § 522(b)(2) ou claim as exempt, Current value of the cortion you own Copy the value from Schedule A/B | S.C. § 5. | ne information below. Important of the exemption you claim The ck only one box for each exemption. | |
| Which set of You are co You are co For any prop Brief descrip Schedule A/E Brief description: Line from | f exemptions are you claiming state and federal elaiming federal exemption perty you list on Schedulation of the property and a that lists this property | laiming? Che nonbankrupto ons. 11 U.S.C. ule A/B that you d line on () () | eck one only, even if y cy exemptions. 11 U.S. § 522(b)(2) ou claim as exempt, Current value of the cortion you own Copy the value from Schedule A/B | S.C. § 5. | se information below. mount of the exemption you claim theck only one box for each exemption. \$0.00 100% of fair market value, up to any | |
| Which set of ☐ You are of For any prop Brief descrip Schedule A/E Brief description: Line from Schedule A/E: Brief | f exemptions are you claiming state and federal claiming federal exemption perty you list on Schedulation of the property and a that lists this property 2004 Honda According 1.1 | laiming? Che nonbankrupto ons. 11 U.S.C. ule A/B that you d line on () () () () | eck one only, even if y cy exemptions. 11 U.S. \$ 522(b)(2) ou claim as exempt, Current value of the cortion you own Copy the value from Schedule A/B \$3,000.00 | i.C. § 5: | se information below. mount of the exemption you claim theck only one box for each exemption. \$0.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(2) |
| Which set of You are control Y | f exemptions are you claiming state and federal claiming federal exemption perty you list on Schedulation of the property and a that lists this property 2004 Honda According 3.1 2004 Honda Odysser 3.2 Furniture, tv, applia | laiming? Che nonbankrupto ons. 11 U.S.C. ule A/B that you d line on () () () () () () () () () () () () () | eck one only, even if y cy exemptions. 11 U.S. \$ 522(b)(2) ou claim as exempt, Current value of the cortion you own Copy the value from Schedule A/B \$3,000.00 | fill in th AI | se information below. mount of the exemption you claim theck only one box for each exemption. \$0.00 100% of fair market value, up to any applicable statutory limit \$0.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(2) 11 U.S.C. § 522(d)(5) |
| Which set of You are control Y | f exemptions are you claiming state and federal claiming federal exemption perty you list on Schedulation of the property and a that lists this property 2004 Honda According 3.1 2004 Honda Odyssers 3.2 | laiming? Che nonbankrupto ons. 11 U.S.C. ule A/B that you d line on () () () () () () () () () (| eck one only, even if y cy exemptions. 11 U.S. \$ 522(b)(2) ou claim as exempt, Current value of the cortion you own Copy the value from Schedule A/B \$3,000.00 | fill in th AI | solution below. In the exemption you claim sheck only one box for each exemption. \$0.00 100% of fair market value, up to any applicable statutory limit \$0.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(2) 11 U.S.C. § 522(d)(5) |

☐ No☐ Yes

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Case:17-02520-swd Abudayeh Filed: 05/19/2017 Page 23 of 60 Case number (if known)

Safa M Lafy

First Name Middle Name Last Name

Part 2: Additional Page

| | on of the property and line on that lists this property | Current value of the portion you own | Ar | nount of the exemption you claim | Specific laws that allow exemption | |
|--------------------------------------|---|--------------------------------------|----------|---|------------------------------------|--|
| | | Copy the value from Schedule A/B | Cl | neck only one box for each exemption. | | |
| Brief | TV (2nd), DVD player, computer, printer, X-Box | \$830.00 | 4 | \$415.00 | 11 U.S.C. § 522(d)(5) | |
| description: Line from Schedule A/B: | & accessories 7 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Brief description: | Bicycles | \$120.00 | 4 | \$60.00 | 11 U.S.C. § 522(d)(5) | |
| Line from Schedule A/B: | 9 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Brief description: | Three (3) pistols; one (1) rifle. | \$1,200.00 | 1 | \$0.00 | 11 U.S.C. § 522(d)(5) | |
| Line from Schedule A/B: | 10 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Brief description: | Men's, women's and children's clothing. | \$400.00 | 1 | \$200.00 | 11 U.S.C. § 522(d)(3) | |
| Line from Schedule A/B: | <u>11</u> | | | 100% of fair market value, up to any applicable statutory limit | | |
| Brief description: | Costume jewelry; watches | \$150.00 | 4 | \$75.00 | 11 U.S.C. § 522(d)(3) | |
| Line from Schedule A/B: | _12 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Brief description: | Two (2) cats. | unknown | 4 | unknown | 11 U.S.C. § 522(d)(5) | |
| Line from Schedule A/B: | 13 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Brief description: | Cash | \$100.00 | 1 | \$50.00 | 11 U.S.C. § 522(d)(5) | |
| Line from Schedule A/B: | 16 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Brief description: | Bank of America Checking account | \$120.00 | 1 | \$0.00 | 11 U.S.C. § 522(d)(5) | |
| Line from Schedule A/B: | <u>17</u> | | | 100% of fair market value, up to any applicable statutory limit | | |

Debtor 1
Debtor 2

Rafat
A
Doc #:1
Abudayeh
First Name
A
Middle Name

Case:17-02520-swd
Abudayeh
Lafy

Last Name

Page 24 of 60
Case number (if known)
Last Name

Part 2: Additional Page

| | Brief description of the property and line on Schedule A/B that lists this property | | Am | nount of the exemption you claim | Specific laws that allow exemption |
|--|--|-------------------------------------|----|---|------------------------------------|
| | | Copy the value from Schedule A/B | Ch | eck only one box for each exemption. | |
| Brief description: Line from Schedule A/B: | 2017 Federal State and Local Refunds (accrued portion; pro-rated based on 2016 refund amounts) Federal tax | \$3,000.00 | | \$1,500.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |

| Debtor 1 Rafat A Abudayeh First Name Middle Name Last Name Debtor 2 Safa M Lafy (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Western District of Michigan Case number (if known) Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more spaneded, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case numown). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, and the value of collateral that supports this claim. | | Case:1 | 7_02520_c | wd Doo#:1 Filed: | 05/10/2017 | Page 25 of | 60 | |
|--|--|---|--------------------|--|---------------------|--|--------------------------|-----------------------------------|
| Debtor 2 Safa | Fill in this informati | ion to identify your case: | 1 02020 0 | Wa Boom.i Thea. | 00/15/201/ | 1 age 20 01 | | |
| Debtor 2 (Spouse, If filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Western District of Michigan Case number (Iknown) Check if this is an amended filing | Debtor 1 | Rafat A | \ | Abudayeh | | | | |
| Check if this is an amended filing | - - | First Name | Middle Name | Last Name | | | | |
| Case number ((if known)) Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more spanededd, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case numown). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List All secured claims. If a creditor has a particular claim, list the other creditors in Part 2. As much as possible. Amount of claim Do not deduct the value of collateral. Column B Value of collateral that supports this claim retates to a community debt Nature of lien. Check all that apply. Contigent Uniquidated | | | | | | | | |
| Case number (if known) Check if this is an amended filing | United States Bank | kruptcy Court for the: | Weste | ern District of Michigan | | | | |
| Schedule D: Creditors Who Have Claims Secured by Property Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more spateded, copy the Additional Pages, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case numnown). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the other creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contigent Unlquidated City State ZIP Code Who owes the debt? Check one. Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured cal loan) An agreement you made (such as mortgage or secured cal loan) As the date you file, the claim is: Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) Check if this claim relates to a community debt Check if this claim relates to a community debt | Case number | | | | | | | n |
| Se as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more speeded, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case numonown). I. Do any creditors have claims secured by your property? In No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claim is alphabetical order according to the creditor's name. Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contigent Unlquidated City State ZIP Code Who owes the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Under Check if this claim relates to a community debt Describe the property lien (such as tax lien, mechanic's lien) Other (including a right to offset) Other (including a right to offset) | Official Fo | rm 106D | | | | | | |
| ✓ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. ☐ Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. ☐ Contigent ☐ Unlquidated City State ZIP Code ☐ Disputed Who owes the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | Schedule | D: Credito | rs Who | Have Claims Se | ecured by | y Property | / | 12/15 |
| Creditor's Name Describe the property that secures the claim: Creditor's Name As of the date you file, the claim is: Check all that apply. Contigent Unlquidated Disputed Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Check if this claim relates to a community debt Creditor's Name Describe the property that secures the claim: Check all that apply. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Check all that apply. Check if this claim relates to a community debt Check all that apply. Chec | No. Check the Yes. Fill in all Part 1: List A 2. List all secure claim. If more | is box and submit this form of the information below. II Secured Claims d claims. If a creditor has than one creditor has a part of the secured claims. | n to the court wit | secured claim, list the creditor sep st the other creditors in Part 2. As | arately for each | Column A Amount of claim Do not deduct the | Value of collateral that | Column C Unsecured portion If any |
| Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contigent Unlquidated City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt As of the date you file, the claim is: Check all that apply. Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | =1 | | | | | | claim | , |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt City State ZIP Code Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | e | Descr | ibe the property that secures the | claim: | | _ | |
| City State ZIP Code Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Other (including a right to offset) | Number | Street | 🖵 Co | ontigent | eck all that apply. | | | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ At least one of the debtors and another □ Check if this claim relates to a community debt □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Other (including a right to offset) | City | State ZIP | | | | | | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Check if this claim relates to a community debt □ Check if this claim relates to a community debt □ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Check if this claim relates to a community debt | Who owes the | e debt? Check one. | Nature | e of lien. Check all that apply. | | | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Other (including a right to offset) | | • | □An | agreement you made (such as mo | ortgage or | | | |
| ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Check if this claim relates to a community debt ☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) | | | _ | , | | | | |
| Check if this claim relates to a community debt Other (including a right to offset) | _ | · · | | | anic's lien) | | | |
| | ☐ Check if th | is claim relates to a | | · · | | | | |
| | | | Last 4 | digits of account number | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

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Safa M Lafy

First Name Middle Name Last Name

| | art 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | | | |
|--|---|--------|--|--|--|
| 2.2 | Describe the property that secures the claim: | | | | |
| Creditor's Name | | | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | i. | | | |
| | Contigent | | | | |
| | Unlquidated | | | | |
| City State ZIP Code | Disputed | | | | |
| Who owes the debt? Check one. ☐ Debtor 1 only | Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or | | | | |
| Debtor 2 only | secured car loan) | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | |
| Date debt was incurred | Last 4 digits of account number | | | | |
| | | | | | |
| Add the dollar value of your entries in Colur | nn A on this page. Write that number here: | \$0.00 | | | |
| If this is the last page of your form, add the here: | dollar value totals from all pages. Write that number | \$0.00 | | | |

| | Casa | ·17 02520 a | wd Doo #:1 Filed: 05/10/20 | 17 Page 2 | 27 of 60 | | |
|--|--|---|--|---|--------------|--------------------------------------|-----------------------|
| Fill in this informat | ion to identify your cas | e: | Wd D0C #.1 Tiled: 03/19/20 | 11 Fage 2 | .7 01 00 | | |
| Debtor 1 | Rafat First Name | A Middle Name | Abudayeh Last Name | | | | |
| Debtor 2 (Spouse, if filing) | Safa First Name | M Middle Name | Lafy Last Name | | | | |
| United States Ban | kruptcy Court for the: | Wester | rn District of Michigan | | | | |
| Case number (if known) | | | | | | Check if this is a amended filing | ın |
| Official Fo | rm 106E/F | | | | | | |
| Schedule | e E/F: Cred | litors Who | Have Unsecured Cla | aims | | | 12/15 |
| Schedule G: Executor: Creditors Who he Continuation Part 1: List A | atory Contracts and U Hold Claims Secured age to this page. On II of Your PRIORI | Inexpired Leases (C I by Property. If mor the top of any addit | | ors with partially s ill it out, number th | ecured clair | ms that are liste | ed in <i>Schedule</i> |
| identify what t possible, list the Part 1. If more | r priority unsecured of the composition of the comp | aim has both priority al order according to ds a particular claim | has more than one priority unsecured claim, list and nonpriority amounts, list that claim here and the creditor's name. If you have more than two, list the other creditors in Part 3. | d show both priority | and nonprio | ority amounts. As | s much as |
| (i oi aii oxpiai | lation of caon type of | Jami, See the monde | and to the form in the instruction bounds. | Т | otal claim | Priority amount | Nonpriority amount |
| Priority Cred | litor's Name | | Last 4 digits of account number When was the debt incurred? | | | | |
| Number — | Street | | As of the date you file, the claim is: Checapply. Contingent | ck all that | | | |
| Debtor Debtor Debtor At least Check | red the debt? Check 1 only | d another | Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe government Claims for death or person injury while intoxicated Other. Specify | | | | |

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| Debtor Debtor | | RafatAAbudayehSafaMLafyFirst NameMiddle NameLast Name | | | Case number (if known) | | | | | |
|------------------|---|---|-------------------------|---|--|--|--|--|--|--|
| Dobioi | | | | • | | | | | | |
| Part | 2: List All of You | ır NONPRIC | RITY Unsecured | Claims | | | | | | |
| 3. D | Do any creditors have nonpriority unsecured claims against you? | | | | | | | | | |
| | | No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | | | | | | |
| ✓ | Yes. | | | | | | | | | |
| ur th | nsecured claim, list the | creditor separ | ately for each claim. F | or each claim listed, identify what type of clain | claim. If a creditor has more than one nonpriority n it is. Do not list claims already included in Part 1. If more priority unsecured claims fill out the Continuation Page of | | | | | |
| | | | | | Total claim | | | | | |
| 4.1 | Barclay's Bank Delaware | | | Last 4 digits of account number | \$9,881.00 | | | | | |
| | Nonpriority Creditor's N | lame | | When was the debt incurred? | 09/27/2006 | | | | | |
| | PO Box 8803 Number Street | | | As of the date you file, the claim | | | | | | |
| | Number Street | | | ☐ Contingent | | | | | | |
| | Wilmington, DE 19 | 601 | | Unliquidated | | | | | | |
| | City | State | ZIP Code | Disputed | | | | | | |
| | Who incurred the de | ebt? Check one | <u>.</u> | Type of NONPRIORITY unsecure | ed claim: | | | | | |
| | ☑ Debtor 1 only | on one | • | Student loans | | | | | | |
| | Debtor 2 only | | | Obligations arising out of a se divorce that you did not report | | | | | | |
| | ☐ Debtor 1 and Deb | , | | Debts to pension or profit-sha | • • | | | | | |
| | At least one of the | | | similar debts | | | | | | |
| | ☐ Check if this cla | m is for a com | munity debt | Other. Specify Credit Card | | | | | | |
| | Is the claim subject | to offset? | | Credit Card | | | | | | |
| | ☑ No | | | | | | | | | |
| | ☐ Yes | | | | | | | | | |
| 4.2 | Capital One Bank U | | | Last 4 digits of account number | \$8,002.00 | | | | | |
| | Nonpriority Creditor's N | lame | | When was the debt incurred? | 08/31/2011 | | | | | |
| | PO Box 30281 Number Street | | | As of the date you file, the claim | is: Check all that apply. | | | | | |
| | - Culou | | | Contingent | | | | | | |
| | Salt Lake City, UT 8 | 4130 | | Unliquidated | | | | | | |
| | City | State | ZIP Code | Disputed | | | | | | |
| | Who incurred the de | ebt? Check one |). | Type of NONPRIORITY unsecure Student loans | ed claim: | | | | | |
| | ✓ Debtor 1 only | | | Obligations arising out of a se | anaration agreement or | | | | | |
| | Debtor 2 only | | | divorce that you did not report | as priority claims | | | | | |
| | Debtor 1 and Deb | • | | Debts to pension or profit-sha | | | | | | |
| | At least one of the Check if this claim | | | similar debts Other. Specify | | | | | | |
| | | | munity debt | ✓ Other. Specify Credit Card | | | | | | |
| | Is the claim subject No | to offset? | | | | | | | | |
| | Yes | | | | | | | | | |
| 4.3 | | 104 114 | | | \$5,696.00 | | | | | |
| | Capital One Bank U Nonpriority Creditor's N | | | Last 4 digits of account number | · | | | | | |
| | PO Box 30281 | | | When was the debt incurred? | 01/23/2009 | | | | | |
| | Number Street | | | As of the date you file, the claim in Contingent | is: Check all that apply. | | | | | |
| | | | | Unliquidated | | | | | | |
| | Salt Lake City, UT 8 | | 710.0 | — Disputed | | | | | | |
| | City | State | ZIP Code | Type of NONPRIORITY unsecure | ed claim: | | | | | |
| | Who incurred the de | ebt? Check one |) . | ☐ Student loans | | | | | | |
| | Debtor 1 only Debtor 2 only | | | Obligations arising out of a se | paration agreement or | | | | | |
| | Debtor 1 and Debtor 1 | ntor 2 only | | divorce that you did not report | | | | | | |
| | ☐ At least one of the | • | nother | Debts to pension or profit-sha similar debts | ring pians, and otner | | | | | |
| | ☐ Check if this cla | | | ✓ Other. Specify | | | | | | |
| | Is the claim subject | | - | Credit Card | | | | | | |
| | ☑ No | | | | | | | | | |

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Debtor 1 Debtor 2 RafatAAbudayehSafaMLafyFirst NameMiddle NameLast Name

| Chase Bank | Last 4 digits of account number | \$2,443 |
|---|---|---|
| Nonpriority Creditor's Name | When was the debt incurred? 01/05/2016 | |
| PO Box 15298 Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Succes | ☐ Contingent | |
| Wilmington DE 10950 | Unliquidated | |
| Wilmington, DE 19850 City State ZIP Code | Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ✓ Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or | |
| Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | similar debts ☑ Other. Specify | |
| | Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| ₩ No ☐ Yes | | |
| | | \$3.67 |
| Chase Bank Nonpriority Creditor's Name | Last 4 digits of account number | ———————————————————————————————————— |
| PO Box 15298 | When was the debt incurred? 12/14/2005 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent | |
| Wilmington, DE 19850 | ☐ Unliquidated | |
| City State ZIP Code | Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ☑ Debtor 1 only | ☐ Student loans | |
| ☐ Debtor 2 only | Obligations arising out of a separation agreement or | |
| Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| ☐ At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | Other. Specify | |
| • | Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| | | \$6,86 |
| Chase Bank Nonpriority Creditor's Name | Last 4 digits of account number | Φυ,ου |
| PO Box 15298 | When was the debt incurred? <u>07/21/2008</u> | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Wilmington, DE 19850 | Unliquidated | |
| City State ZIP Code | Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ☑ Debtor 1 only | ☐ Student loans | |
| ☐ Debtor 2 only | Obligations arising out of a separation agreement or | |
| ☐ Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | Other. Specify | |
| - | Credit Card | |
| Is the claim subject to offset? | Credit Card | |
| Is the claim subject to offset? ✓ No | Credit Gard | |

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Debtor 1 Debtor 2
 Rafat
 A
 Abudayeh

 Safa
 M
 Lafy

 First Name
 Middle Name
 Last Name

| 1 | | | 65 40 |
|---|--|---|-------------------|
| | Citi | Last 4 digits of account number | \$5,48 |
| | Nonpriority Creditor's Name | When was the debt incurred? 06/06/2015 | |
| | PO Box 6241 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | ☐ Contingent | |
| | Sioux Falls, SD 57117 | ☐ Unliquidated | |
| | City State ZIP Code | ☐ Disputed | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | ☑ Debtor 1 only | ☐ Student loans | |
| | Debtor 2 only | Obligations arising out of a separation agreement or | |
| | Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| | ☐ At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Check if this claim is for a community debt | ✓ Other. Specify | |
| | • | Credit Card | |
| | Is the claim subject to offset? ✓ No | | |
| | ☑ Yes | | |
| 1 | | | \$4,32 |
| | Citi Nonpriority Creditor's Name | Last 4 digits of account number | Ψ 4,32 |
| | PO Box 6241 | When was the debt incurred? 02/24/2016 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | ☐ Contingent | |
| | Sioux Falls, SD 57117 | Unliquidated | |
| | City State ZIP Code | □ Disputed | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | ☐ Debtor 1 only | ☐ Student loans | |
| | Debtor 2 only | Obligations arising out of a separation agreement or | |
| | Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| | ☐ At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Check if this claim is for a community debt | ✓ Other. Specify | |
| | · | Credit Card | |
| | Is the claim subject to offset? ✓ No | | |
| | Yes | | |
| 1 | <u> </u> | | ₽4 0.7° |
| | Comenity Bank - Younkers Nonpriority Creditor's Name | Last 4 digits of account number | \$1,07 |
| | PO Box 182789 | When was the debt incurred? 01/06/2005 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | ☐ Contingent | |
| | Columbus, OH 43218 | Unliquidated | |
| | City State ZIP Code | Disputed | |
| | | | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | | Student loansObligations arising out of a separation agreement or | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | □ Debtor 1 only ☑ Debtor 2 only □ Debtor 1 and Debtor 2 only | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other | |
| | □ Debtor 1 only ☑ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Debtor 1 only ☑ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other | |
| | □ Debtor 1 only ☑ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify | |

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Debtor 1 Debtor 2 RafatAAbudayehSafaMLafyFirst NameMiddle NameLast Name

| 1 | | AF 6= 4 |
|---|---|---------|
| Discover Financial Services LLC | Last 4 digits of account number | \$5,074 |
| Nonpriority Creditor's Name | When was the debt incurred? 09/20/2015 | |
| PO Box 15316 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent | |
| Wilmington, DE 19850 | ☐ Unliquidated | |
| City State ZIP Code | Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ☑ Debtor 1 only | ☐ Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or | |
| Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| ☐ At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | ✓ Other. Specify | |
| Is the claim subject to offset? | Credit Card | |
| ✓ No | | |
| ☐ Yes | | |
| 1 | | \$8,272 |
| Discover Financial Services LLC Nonpriority Creditor's Name | Last 4 digits of account number | Ψ0,212 |
| PO Box 15316 | When was the debt incurred? 08/30/2015 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent | |
| Wilmington, DE 19850 | Unliquidated | |
| City State ZIP Code | Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans | |
| ☑ Debtor 2 only | Obligations arising out of a separation agreement or | |
| Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | ✓ Other. Specify | |
| · | Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| 1 | | f0.444 |
| DSNB/Macy's Nonpriority Creditor's Name | Last 4 digits of account number | \$2,114 |
| , , | When was the debt incurred? 08/28/2008 | |
| PO Box 8218 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent | |
| Mason, OH 45050 | Unliquidated | |
| City State ZIP Code | Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans | |
| ✓ Debtor 2 only | Obligations arising out of a separation agreement or | |
| Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other | |
| ☐ Check if this claim is for a community debt | similar debts ☑ Other. Specify | |
| • | Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| | | |
| ☐ Yes | | |

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Debtor 1 Debtor 2
 Rafat
 A
 Abudayeh

 Safa
 M
 Lafy

 First Name
 Middle Name
 Last Name

| isting any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
|--|---|-------------|
| Fed Loan Servicing | Last 4 digits of account number | \$2,994 |
| Nonpriority Creditor's Name | When was the debt incurred? 11/06/2008 | |
| PO Box 60610 | | |
| Number Street | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Unliquidated | |
| Harrisburg, PA 17106 | · | |
| City State ZIP Code | Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: ✓ Student loans | |
| Debtor 1 only | | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other | |
| At least one of the debtors and another | similar debts | |
| Check if this claim is for a community debt | Other. Specify | |
| s the claim subject to offset? | | |
| √ No | | |
| ☐ Yes | | |
| Fed Loan Servicing | Last 4 digits of account number | \$1,92 |
| Nonpriority Creditor's Name | When was the debt incurred? 11/06/2008 | |
| PO Box 60610 Number Street | As of the date you file, the claim is: Check all that apply. | |
| Circle Ci | ☐ Contingent | |
| Harrichturg DA 4740C | Unliquidated | |
| Harrisburg, PA 17106 Dity State ZIP Code | Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| ✓ Debtor 2 only | Obligations arising out of a separation agreement or | |
| Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other | |
| | similar debts | |
| ☐ Check if this claim is for a community debt | ☐ Other. Specify | |
| s the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| Juniper Nonpriority Creditor's Name | Last 4 digits of account number | \$9,70 |
| PO Box 60517 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| Card Services | Contingent | |
| City of Industry, CA 91716 | Unliquidated | |
| City State ZIP Code | ☐ Disputed | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or | |
| Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other | |
| ☐ Check if this claim is for a community debt | similar debts ☑ Other. Specify | |
| s the claim subject to offset? | ☑ Other. Specify Credit Card | |
| S the claim subject to onset? ✓ No | | |
| ⊒ Yes | | |
| - 153 | | |

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Debtor 1 Rafat A Abudayeh
Debtor 2 Safa M Lafy
First Name Middle Name Last Name

Case number (if known)
Last Name

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.16 \$917.00 Kohls/Capitol One Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 06/12/2010 PO Box 3115 As of the date you file, the claim is: Check all that apply. Number Street ☐ Contingent Unliquidated Milwaukee, WI 53201 Disputed State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ■ Student loans Debtor 1 only Obligations arising out of a separation agreement or Debtor 2 only divorce that you did not report as priority claims ☐ Debtor 1 and Debtor 2 only ☐ Debts to pension or profit-sharing plans, and other ☐ At least one of the debtors and another similar debts ☐ Check if this claim is for a community debt ✓ Other. Specify Credit Card Is the claim subject to offset?

✓ No ☐ Yes

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Debtor 1 Debtor 2
 Rafat
 A
 Abudayeh

 Safa
 M
 Lafy

 First Name
 Middle Name
 Last Name

| Part 4: Add | the Amounts for Each Type of Unsecured Claim | | | | |
|--------------|---|---------|--------|--|-----------------------------------|
| | nounts of certain types of unsecured claims. This information is ecured claim. | s for s | tatist | ical reporting purposes only. 28 U.S.C | C. §159. Add the amounts for each |
| | | | | Total claim | |
| Total claims | 6a. Domestic support obligations | 6a. | | \$0.00 | |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | | \$0.00 | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | | \$0.00 | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + | \$0.00 | |
| | 6e. Total. Add lines 6a through 6d. | 6e. | | \$0.00 | |
| | | | | | |
| | | | | Total claim | |
| Total claims | 6f. Student loans | 6f. | | \$4,918.00 | |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | | \$0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | | \$0.00 | |
| | Other. Add all other nonpriority unsecured claims.Write that amount here. | 6i. | + | \$73,523.00 | |
| | 6j. Total. Add lines 6f through 6i. | 6j. | | \$78,441.00 | |

| Fill in this informa | | | | Filed: 0F/10/2017 F | 0 0E -f CO | |
|--|---|----------------------------|----------------------------|---|--|-----|
| | ation to identify your o | se:17-02520-s case: | W0 D0C#:1 | HICO: U5/19/2017 F | Page 35 of 60 | |
| Debtor 1 | Rafat | Α | Abudayeh | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Safa | М | Lafy | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | nkruptcy Court for the | e: Weste | ern District of Michigan | | | |
| Case number (if known) | | | | _ | Check if this is an amended filing | |
| Official Fo | orm 106G | | | | | |
| | | utory Con | tracts and | Unexpired Leas | Ses 12 | /1{ |
| ☐ No. Chec ☑ Yes. Fill in 2. List separate | ck this box and file this n all of the information ly each person or co | n below even if the cor | th your other schedules. | You have nothing else to report od on Schedule A/B: Property (Off | | |
| | | | | | tract or lease is for (for example, rent, ry contracts and unexpired leases. | |
| Person or co | mpany with whom y | | rm in the instruction bool | | ry contracts and unexpired leases. | |
| Freg Coolid Name 1551 Pebble Number | lge Place Associates ecreek Street g, MI 48823 | e instructions for this fo | rm in the instruction bool | klet for more examples of executo | ry contracts and unexpired leases. | |

| | Ca | se:17-02520-s | wd Doo#:1 Filed: | 05/19/20 17 Page 36 of 60 |
|---|--|-------------------------|--|---|
| Fill in this inform | ation to identify your | case: | Wa Been.i Thea. | 1 ago 00 01 00 |
| Debtor 1 | Rafat | Α | Abudayeh | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Safa | М | Lafy | |
| (Spouse, if filing) |) First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the | ne: Weste | ern District of Michigan | _ |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| Schedul Codebtors are po | eople or entities wh | | debts you may have. Be as com | 12/15 applete and accurate as possible. If two married people are filing together, byy the Additional Page, fill it out, and number the entries in the boxes on |
| he left. Attach th | e Additional Page t | o this page. On the top | o of any Additional Pages, write y | our name and case number (if known). Answer every question. |
| Louisiana, N ☑ No. Go to ☐ Yes. Did y ☐ No | evada, New Mexico, o line 3. your spouse, former | Puerto Rico, Texas, Was | ashington, and Wisconsin.) lent live with you at the time? | mmunity property states and territories include Arizona, California, Idaho, . Fill in the name and current address of that person. |
| Name | | | | |
| Numb | er Street | | | |
| City | | State ZIP Co | de | |
| codebtor on | ly if that person is | a guarantor or cosigne | your spouse as a codebtor if you er. Make sure you have listed the ee Schedule D, Schedule E/F, or S | ur spouse is filing with you. List the person shown in line 2 again as a creditor on Schedule D (Official Form 106D), Schedule E/F (Official Schedule G to fill out Column 2. |
| Column 1: Yo | our codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| 3.1 | | | | Schedule D, line |
| Name | | | | Schedule E/F, line |
| Numbor | Stroot | | | Schedule G, line |
| Number | Street | | | |
| City | | State ZIP Code | | |
| 3.2 | | | | Schedule D, line |
| Name | | | | Schedule E/F, line |
| Number | Street | | | Schedule G, line |

Official Form 106H Schedule H: Your Codebtors page 1 of 1

Schedule D, line ___

Schedule G, line ___

Schedule E/F, line _____

City

Name

Number

City

Street

3.3

State

State

ZIP Code

ZIP Code

| Debtor 1 Rafet | Fill | in this informati | on to identify your cas | :17-02520-swd e: | Doc #:1 | iled: | 05/19/ | <mark>20</mark> 17 | Page 37 | of 60 | | |
|--|------|------------------------------|-------------------------|-----------------------------|---------------------|----------|----------------|--------------------|-----------------|------------------|--------------|---------------|
| Debtor 2 Saria M Lafy (Spouse, if Illing) First Name Middle Name Lat Name L | De | ebtor 1 | | | | | | _ | | | | |
| United States Bankruystry Court for the: | | | Safa | M La | fy | | | _ | Che | eck if this is: | | |
| Case number (if known) A supplement showing pospetition chapter 13 income as of the following date (if known) A supplement showing pospetition chapter 13 income as of the following date (if known) A supplement showing pospetition chapter 13 income as of the date your file this form. If you have northing to report for any line, write 30 in the space. Include your non-filing spouse in part of single places and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct normation. If you are married and not filing jointly, and your spouse is not filing the your include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1 | | . 5, | | | | | | | _ | | ina | |
| Schedule I: Your Income Schedule I: Your Income Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct normation. If you are married and not filing jointly, and your spouse is fiving with you, include information about your spouse. If you are separated and your spouse is not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1 Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 2 Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Occupation Occupation Occupation Occupation Occupation Occupation may include student or homemaker, if it applies. Employer's address Occupation may include student or homemaker, if it applies. How long employed there? Invalver street How long employed there? State Zip Code Dity State Zip Code Dity State Zip Code Dity State Zip Code If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll eductions,) if not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$50.00 | Ca | se number | drupicy Court for the. | western dist | net of Michigan | | | | | A supplement s | showing po | |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1 | | | | | | | | | ī | MM / DD / YYY | ΥΥ | |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is In thing with you, include information about your spouse. If you are separated and your spouse is not include information about your spouse. If more spouse is not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fart 10 Describe Employment | Of | ficial Fo | m 106I | | | | | | | | | |
| posture information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 11 Describe Employment | Sc | chedule | : I: Your In | come | | | | | | | | 12/15 |
| If you have more than one job, attach a separate page with information about additional employers. Occupation Include part time, seasonal, or self-employed work. Occupation To homemaker, if it applies. Description To homemaker, if it applies. Employer's address Employer's address To homemaker, if it applies. Employer's address Employer's address Employer's address To homemaker, if it applies. East Lansing, MI 48823 City State Zip Code Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | Pa | itional pages, want 1: Descr | rite your name and ca | | swer every questi | on. | e is neede | d, attach a s | | | | |
| attach a separate page with information about additional employers. Occupation Occupation Occupation Employer's name Concepts in Plant Design Employer's address 315 W Grand River Ave Number Street Number Street East Lansing, MI 48823 City State Zip Code Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | | information. | | | - | | | | | | n-filing spo | ouse |
| employers. Include part time, seasonal, or self-employed work. Cocupation may include student or homemaker, if it applies. Employer's address East Lansing, MI 48823 City State Zip Code City State Zip Code City State Zip Code City State Zip Code If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. Estimate monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | | attach a separa | ate page with | Employment status | | | | | _ | | | |
| Self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Employer's address Employer's address Employer's address Employer's address East Lansing, MI 48823 City State Zip Code Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | | employers. | | Occupation | Office Manag | ger | | | Studer | nt | | |
| Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | | | | Employer's name | Concepts in | Plant D | Design | | | | | |
| How long employed there? 3 months Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | | • | • | Employer's address | | | Ave | | Numb | per Street | | |
| How long employed there? 3 months Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | | | | | | , MI 48 | 823 | | | | | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | | | | How long employed the | • | | State — | Zip Code | City | | State — | Zip Code |
| are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | Pa | art 2: Give [| Details About Mor | nthly Income | | | | | | | | |
| If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | | | | date you file this form. If | you have nothing to | o repor | t for any line | e, write \$0 in | the space. Inc | clude your non- | filing spous | se unless you |
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | | If you or your n | on-filing spouse have ı | more than one employer, co | ombine the informat | tion for | all employe | ers for that pe | rson on the lir | nes below. If yo | u need mo | re space, |
| deductions.) If not paid monthly, calculate what the monthly wage would be. 2. \$1,300.00 \$0.00 | | | | | | | Fo | r Debtor 1 | | | | |
| 3. Estimate and list monthly overtime pay. 3. +\$0.00 +\$0.00 | 2. | | | | | 2. | | \$1,300.00 | | \$0.00 | | |
| | 3. | Estimate and | list monthly overtime | рау. | | 3. | + | \$0.00 | + | \$0.00 | | |

4. Calculate gross income. Add line 2 + line 3.

\$1,300.00

Rafat Case:17-02520-swd Doc #:2

Doc #:1 Filed: 05/19/2017

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| | | | | For Debtor 1 | | For Debtor 2 or non-filing spouse | | |
|-----|--|-----------|----------|--------------------|--------|-----------------------------------|---|---------|
| | Copy line 4 here→ | 4. | | \$1,300.00 | | \$0.00 | | |
| 5. | List all payroll deductions: | | | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | | \$104.69 | | \$0.00 | | |
| | 5b. Mandatory contributions for retirement plans | 5b. | | \$0.00 | | \$0.00 | | |
| | 5c. Voluntary contributions for retirement plans | 5c. | | \$0.00 | | \$0.00 | | |
| | 5d. Required repayments of retirement fund loans | 5d. | | \$0.00 | | \$0.00 | | |
| | 5e. Insurance | 5e. | | \$0.00 | | \$0.00 | | |
| | 5f. Domestic support obligations | 5f. | _ | \$0.00 | | \$0.00 | | |
| | 5g. Union dues | 5g. | | \$0.00 | | \$0.00 | | |
| | 5h. Other deductions. Specify: | 5h. | + | \$0.00 | + | \$0.00 | | |
| 6. | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | | \$104.69 | | \$0.00 | | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$1,195.31 | | \$0.00 | | |
| 8. | List all other income regularly received: | | | | | | | |
| | 8a. Net income from rental property and from operating a business, profession, or farm | | | | | | | |
| | Attach a statement for each property and business showing gross receipts, | | | | | | | |
| | ordinary and necessary business expenses, and the total monthly net income. | 8a. | | \$0.00 | | \$0.00 | | |
| | 8b. Interest and dividends | 8b. | | \$0.00 | | \$0.00 | | |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$0.00 | | \$0.00 | | |
| | 8d. Unemployment compensation | 8d. | | \$0.00 | | \$0.00 | | |
| | 8e. Social Security | 8e. | | \$0.00 | | \$0.00 | | |
| | 8f. Other government assistance that you regularly receive | | | | | | | |
| | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | | |
| | Specify: Food Assistance | 8f. | | \$666.00 | | \$0.00 | | |
| | 8g. Pension or retirement income | 8g. | | \$0.00 | | \$0.00 | | |
| | 8h. Other monthly income. Specify: | 8h. | +_ | \$0.00 | + | \$0.00 | | |
| 9. | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | | \$666.00 | | \$0.00 | l | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse | 10. | | \$1,861.31 | + | \$0.00 | = | \$1,86 |
| 11. | State all other regular contributions to the expenses that you list in Schedule | J. | | | _ | | L | |
| | Include contributions from an unmarried partner, members of your household, your friends or relatives. | | ents, yo | our roommates, an | d othe | er | | |
| | Do not include any amounts already included in lines 2-10 or amounts that are not a | available | e to pay | expenses listed in | Sche | edule J. | | |
| | Specify: | | | | _ | 11 | + | \$0.0 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The rest amount on the Summary of Your Assets and Liabilities and Certain Statistical Information | | | • | ne. W | rite that | | \$1,861 |
| | | | | - | | | C | ombined |
| 13. | Do you expect an increase or decrease within the year after you file this form? | | | | | | | |
| | Yes. Explain: | | | | | | | |

| Fill in this informat | on to identify your case | :17-02520-swd Doc#:1 | Filed: 05/19/2017 | Page 39 of 60 | |
|--|--|---|---|--|---|
| Debtor 1 | Rafat First Name Safa | A Abudayeh Middle Name Last Name M Lafy | | ck if this is: n amended filing | |
| (Spouse, if filing) United States Bank | First Name kruptcy Court for the: | Middle Name Last Name Western District of Michig | ما | supplement showing p hapter 13 income as of | |
| Case number (if known) | | | | IM / DD / YYYY | |
| Official Fo | <u>rm 106J</u> e J: Your E: | xpenses | | | 12/15 |
| Be as complete an needed, attach and | d accurate as possible | e. If two married people are filing toget n. On the top of any additional pages, | | | information. If more space is |
| 1. Is this a joint of No. Go to I | case? ine 2. Debtor 2 live in a sepa | | arate Household of Debtor 2. | | |
| 2. Do you have Do not list Debtor 2. | - | ☐ No ☑ Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state th | e dependents' names. | eaut dependent | Child | 15 | No. Ves. No. |
| | | | Child | 12 | - ₩ _{Yes.} □ _{No.} |
| | | | Child | 6 | Yes. No Yes No Yes No Yes |
| | nses include expenses er than yourself and ents? | s √ 1No □Yes | | | |
| Part 2: Estim | ate Your Ongoing | Monthly Expenses | | | |
| | | kruptcy filing date unless you are usin emental <i>Schedule J</i> , check the box at | | | ort expenses as of a date after |
| | | sh government assistance if you known n <i>Schedule I: Your Income</i> (Official Fo | | You | rexpenses |
| The rental or I ground or lot. | nome ownership expe | nses for your residence. Include first m | nortgage payments and any rent for | the 4 | \$181.00 |
| If not include | | | | 4a | \$0.00 |
| | omeowner's, or renter's | s insurance | | 4b. | \$0.00 |
| | ntenance, repair, and up | | | 4c. | \$0.00 |
| 4d. Homeown | er's association or cond | lominium dues | | 4d. | \$0.00 |

First Name

Rafat Case:17-02520-swd Safa

Middle Name

Doc #:1 Filed: 05/19/2017 Lafy Page 40 of 60 Case number (if known)

Last Name

| | | | Your expenses |
|----------------|---|------|---------------|
| 5. A | additional mortgage payments for your residence, such as home equity loans | 5. | |
| 6. U | Itilities: | | |
| 6 | a. Electricity, heat, natural gas | 6a. | \$70.00 |
| 6 | b. Water, sewer, garbage collection | 6b. | \$0.00 |
| 6 | c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$421.00 |
| 6 | d. Other. Specify: | 6d. | \$0.00 |
| 7. F | ood and housekeeping supplies | 7. | \$800.00 |
| 8. C | Childcare and children's education costs | 8. | \$20.00 |
| 9. C | Clothing, laundry, and dry cleaning | 9. | \$50.00 |
| 10. P | Personal care products and services | 10. | \$30.00 |
| 11. N | Medical and dental expenses | 11. | \$10.00 |
| | Fransportation. Include gas, maintenance, bus or train fare. | 12. | \$400.00 |
| 13. E | intertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$10.00 |
| 14. C | Charitable contributions and religious donations | 14. | \$0.00 |
| - | nsurance. On not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 1: | 5a. Life insurance | 15a. | \$0.00 |
| 1: | 5b. Health insurance | 15b. | \$0.00 |
| 1: | 5c. Vehicle insurance | 15c. | \$155.00 |
| 1: | 5d. Other insurance. Specify: | 15d. | \$0.00 |
| | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$0.00 |
| 17. i r | nstallment or lease payments: | | |
| 1 | 7a. Car payments for Vehicle 1 | 17a. | |
| 1 | 7b. Car payments for Vehicle 2 | 17b. | |
| 1 | 7c. Other. Specify: | 17c. | |
| 1 | 7d. Other. Specify: | 17d. | |
| | our payments of alimony, maintenance, and support that you did not report as deducted rom your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$0.00 |
| 19. C | Other payments you make to support others who do not live with you. | | |
| S | Specify: | 19. | \$0.00 |
| 20. C | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 2 | 0a. Mortgages on other property | 20a. | \$0.00 |
| 2 | 0b. Real estate taxes | 20b. | \$0.00 |
| 2 | 0c. Property, homeowner's, or renter's insurance | 20c. | \$0.00 |
| | 0d. Maintenance, repair, and upkeep expenses | 20d. | \$0.00 |
| 2 | 0e. Homeowner's association or condominium dues | 20e. | \$0.00 |

Page 41 of 60 Case number (if known) Filed: 05/19/2017 Case:17-02520-swd Rafat Debtor 1 Debtor 2 Safa Lafy First Name Middle Name Last Name 21. Other. Specify: 21. \$0.00 22. Calculate your monthly expenses. 22a. \$2,147.00 22a. Add lines 4 through 21. 22b. \$0.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$2,147.00 22c.

| | Case | ·17 02520 sv | wd Doo#:1 Fil | ed: 05/19/2017 | Page 42 of 60 | |
|---|----------------------------|-----------------------------|---|---------------------------------|------------------------|--|
| Fill in this informat | ion to identify your cas | ė: | Na 200 II.1 Til | ca. 66/15/261/ | 1 age 42 01 00 | |
| Debtor 1 | Rafat First Name | A Middle Name | Abudayeh Last Name | | | |
| Debtor 2 | Safa | M | Lafy | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Ban | kruptcy Court for the: | Wester | rn District of Michigan | | | |
| Case number | | | | | Пс | heck if this is an |
| (if known) | | | | | a | mended filing |
| Official Fo | rm 106Sum | | | | | |
| Summar | y of Your A | Assets an | d Liabilities | and Certa | in Statistical | |
| Informati | | | | | | 12/15 |
| schedules first; the and check the box | | mation on this form je. | | | | nformation. Fill out all of your must fill out a new <i>Summary</i> |
| Part 1: Summ | larize Your Assets | 5 | | | | |
| | | | | | | Your assets Value of what you own |
| 1. Schedule A/B | : Property (Official For | m 106A/B) | | | | * |
| 1a. Copy line 5 | 5, Total real estate, fror | m Schedule A/B | | | | \$0.00 |
| 1b. Copy line 6 | 2, Total personal prope | rty, from <i>Schedule A</i> | /B | | | <u>\$14,287.00</u> |
| 1c. Copy line 6 | 3, Total of all property o | on Schedule A/B | | | | \$14,287.00 |
| Part 2: Sumn | narize Your Liabil | ities | | | | |
| | | | | | | Your liabilities Amount you owe |
| | | • | perty (Official Form 106D) at the bottom of the last page | ge of Part 1 of <i>Schedule</i> | D | \$0.00 |
| ., | Creditors Who Have U | | , , | , | | |
| | | • | laims) from line 6e of Sche | dule E/F | | \$0.00 |
| 3b. Copy the to | otal claims from Part 2 | (nonpriority unsecure | ed claims) from line 6j of So | hedule E/F | | + \$78,441.00 |
| | | | | | Your total liabilities | \$78,441.00 |
| Part 3: Sumn | narize Your Incom | e and Expenses | | | | |
| 4. Schedule I: You | ur Income (Official Forn | n 106l) | | | | |
| Copy your com | bined monthly income f | from line 12 of Sched | lule I | | | \$1,861.31 |

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$2,147.00

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Debtor 1 Rafat A Abudayeh
Debtor 2 Safa M Lafy
First Name Middle Name Last Name

Case number (if known)
Last Name

| 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the co Yes | ourt with your other schedules. | |
|---|---------------------------------------|-----------|
| 7. What kind of debt do you have? ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual pr family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income. Copy your total current monthly income from 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | S.C. § 159. Check this box and submit | \$1,482.6 |
|). Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | Total claim | |
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$0.00 | |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | |
| 9d. Student loans. (Copy line 6f.) | \$4,918.00 | |
| | \$0.00 | |
| 9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | | |
| | + \$0.00 | |

| | Ca | se:17-02520-s | wd Doc #:1 | Filed: 05/19/2017 | Page 44 | of 60 | |
|--------------------------------|-----------------------|---|-------------------------|--|--------------------|-----------------------------|-------|
| Fill in this informati | ion to identify your | case: | a 200 | T 11001 00/20/20 | . ago | 0.00 | |
| Debtor 1 | Rafat | Α | Abudayeh | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | Safa | М | Lafy | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Ban | kruptcy Court for th | e: Weste | ern District of Michiga | nn | | | |
| Case number (if known) | | | | _ | | ☐ Check if this is an | |
| (II KIIOWII) | | | | | | amended filing | |
| Official Fo | rm 106De | C | | | | | |
| Declarati | ion Abou | - t an Individ | dual Debto | r's Schedules | <u>;</u> | | 12/15 |
| | | | | /ing correct information. | | | |
| ii two mamea peop | pic are ming toget | non, bour are equally is | coporionale for supply | ing correct information. | | | |
| years, or both. 18 U Sign I | Below | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| Did you pay or | agree to pay some | eone who is NOT an at | torney to help you fill | out bankruptcy forms? | | | |
| ✓No | | | | | | | |
| Yes. Name o | f person | | | Attach Bankruptcy Petition (Official Form 119). | Preparer's Notice | e, Declaration, and Signatu | ıre |
| Under penalty of | of perjury, I declare | e that I have read the s | ummary and schedul | es filed with this declaraion a | nd that they are t | rue and correct. | |
| X /s/ Rafat A | Abudayeh | | X _/s/ Sat | fa M Lafy | | _ | |
| Rafat A Abu | udayeh, Debtor 1 | | Safa M | Lafy, Debtor 2 | | | |

Date <u>05/19/2017</u>

MM/ DD/ YYYY

Date <u>05/19/2017</u>

MM/ DD/ YYYY

| or 1 | Rafat | Α | Abudayeh | | | |
|--|---|-------------------|--|--|----------------|---|
| • | First Name | Middle Name | Last Name | | | |
| or 2 | Safa | М | Lafy | | | |
| use, if filing) | First Name | Middle Name | Last Name | | | |
| d States Ban | kruptcy Court for the: | Wes | tern District of Michigan | | | |
| number own) | | | | - | | Check if this is an mended filing |
| cial Fo | rm 107 | | | | | |
| <u>ıteme</u> i | nt of Fina | ncial Affa | airs for Indiv | iduals Filing fo | or Bankrup | tcy |
| Married | current marital status | | | | | |
| Not married Not married No | d : 3 years, have you liv | ved anywhere othe | r than where you live now . Do not include where you | | | |
| Not married Not married No | d : 3 years, have you liv | ved anywhere othe | • | | | Dates Debtor 2 liv |
| Not married uring the last No Yes. List all | d : 3 years, have you liv | ved anywhere othe | . Do not include where you Dates Debtor 1 lived | live now. | | Dates Debtor 2 live there Same as Debtor |
| Not married uring the last No Yes. List all Debtor 1: | d: 3 years, have you live | ved anywhere othe | . Do not include where you Dates Debtor 1 lived | Debtor 2: Same as Debtor 1 | | there Same as Debtor From |
| Not married uring the last No Yes. List all Debtor 1: | d : 3 years, have you liv | ved anywhere othe | Do not include where you Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 | | there Same as Debtor |
| Not married uring the last No Yes. List all Debtor 1: | d: 3 years, have you live | ved anywhere othe | Do not include where you Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 | | there Same as Debtor From |
| Not married uring the last No Yes. List all Debtor 1: | d 3 years, have you lived of the places you lived | ved anywhere othe | Do not include where you Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 | State ZIP Code | there Same as Debtor From |
| Not married Uring the last No Yes. List all Debtor 1: Number S | d 3 years, have you lived of the places you lived | ved anywhere othe | Do not include where you Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | there Same as Debtor From |
| Not married Uring the last No Yes. List all Debtor 1: Number S | d 3 years, have you lived of the places you lived | ved anywhere othe | Do not include where you Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | there Same as Debtor From To |
| Not married Uring the last No Yes. List all Debtor 1: Number S | d 3 years, have you live of the places you live treet | ved anywhere othe | Do not include where you Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City | State ZIP Code | there Same as Debtor From To Same as Debtor |
| Not married Uring the last No Yes. List all Debtor 1: Number S City | d 3 years, have you live of the places you live treet | ved anywhere othe | Do not include where you Dates Debtor 1 lived there From To From | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | there Same as Debtor From To Same as Debtor |
| Not married Uring the last No Yes. List all Debtor 1: Number S City | d 3 years, have you lived of the places you lived treet | ved anywhere othe | Do not include where you Dates Debtor 1 lived there From To From | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | there Same as Debtor From To Same as Debtor |

√ No

☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Rafat Case:17-02520-swd Doc #:1 Filed: 05/19/2017
Abudayeh Lafy

| Page 46 of 60 Case number (if known) |
|--------------------------------------|
|--------------------------------------|

First Name Middle Name Last Name Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross Income** Sources of income **Gross Income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, commissions, ■ Wages, commissions, From January 1 of current year until the \$2,700.00 \$0.00 bonuses, tips bonuses, tips date you filed for bankruptcy: Operating a business Operating a business ✓ Wages, commissions, ☐ Wages, commissions, For last calendar year: \$9.600.00 bonuses, tips bonuses, tips (January 1 to December 31, 2016 Operating a business ✓ Operating a business For the calendar year before that: ✓ Wages, commissions, Wages, commissions, \$5,400.00 \$0.00 bonuses, tips bonuses, tips (January 1 to December 31, 2015 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. ☐ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from each Sources of income Gross Income from each source csoure Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016

| ebtor 1 ebtor 2 | Rafat Case:1 | 7-02520-s м | SWO DOC # Abud Lafy | :1 Filed: 05/19/2 | 2017 Page 47 of Case r | 60 number (if known) |
|---------------------------------------|---|-------------------|---------------------------|---------------------------------|--|--------------------------------|
| | First Name | Middle Nam | | Name | | |
| For the calendar (January 1 to Dec | | Unemple Comper | | \$4,400.00 | - <u> </u> | |
| rt 3: List Cert | ain Payments Yo | u Made Befo | ore You Filed f | or Bankruptcy | | |
| | 's or Debtor 2's debt | | | 1 3 | | |
| | Debtor 1 nor Debtor al primarily for a perso | | | | ed in 11 U.S.C. § 101(8) as "in | curred by an |
| During th | ne 90 days before you | filed for bankrup | ptcy, did you pay ar | ny creditor a total of \$6,425* | or more? | |
| ☐No. 0 | Go to line 7. | | | | | |
| ☐Yes. | | ude payments f | for domestic suppo | | e payments and the total amo I support and alimony. Also, do | |
| * Subjec | | | | r cases filed on or after the | date of adjustment. | |
| ☑ No. 0 ☐ Yes. | | stic support obli | | | nount you paid that creditor. Do so, do not include payments to | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | | . , | | | ☐Mortgage |
| Credito | r's Name | | | | | ☐ Car |
| <u></u> | 0, , | | | _ | | ☐ Credit card ☐ Loan repayment |
| Numbe | r Street | | | _ | | Suppliers or vendors |
| | | | | | | ☐ Other |
| City | State | ZIP Code | | | | |
| | | | | | | ☐Mortgage |
| One dite | de Nieure | | | _ | | ☐ Car |
| Credito | r's Name | | | _ | | Credit card |
| Numbe | r Street | | | _ | | Loan repayment |
| | | | | - | | Suppliers or vendors |
| City | State | ZIP Code | | | | Other |
| | State | ZIP Code | | | | |

First Name

Middle Name

Case:17-02520-swd Doc #:1 Filed: 05/19/2017 Page 48 of 60 Case number (if known)
Safa M Lafy

Last Name

| 7. Within 1 year before you filed for bankruptcy, did Insiders include your relatives; any general partner officer, director, person in control, or owner of 20% proprietor. 11 U.S.C. § 101. Include payments for control. | s; relatives of any ger or more of their votin | neral partners; partnersl g securities; and any m | nips of which you are a go anaging agent, including | eneral partner; corporations of which you are ar |
|--|---|--|--|--|
| ☑ No ☐ Yes. List all payments to an insider. | | | | |
| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| Insider's Name | | | | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Insider's Name | | | | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Within 1 year before you filed for bankruptcy, did Include payments on debts guaranteed or cosigned | | ments or transfer any p | property on account of a | a debt that benefited an insider? |
| ☑ No ☐ Yes. List all payments that benefited an insider. | | | | |
| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Insider's Name | | | | |
| Number Street | | | | |
| City State ZIP Code | | | | |

| Debtor 1 Debtor 2 | Safa | 17-02520-swd | Lafy | Filed: 05/19 | 9/2017 | Page | 49 of 60 Case num | per (if known) |
|-------------------------------|---|---|---|--|--------------------------------|-----------------------------|----------------------|-------------------------------|
| | First Name | Middle Name | Last Name | • | | | | |
| Insider's Name | | | | | | | | |
| Number Stre | pet | | | | | | | |
| - Sur | | | | | | | | |
| City | State ZII | P Code | | | | | | |
| rt 4: Identif | y Legal Actions, F | Repossessions, ar | nd Foreclosure | s | | | | |
| List all such ma disputes. | efore you filed for bar tters, including persona | kruptcy, were you a p l injury cases, small cl | party in any lawsuit aims actions, divor | t, court action, or a ces, collection suits | dministrativ s, paternity a | /e proceedi actions, sup | ng? port or custo | dy modifications, and contrac |
| ☑No ☐Yes. Fill in th | e details. | | | | | | | |
| | | Nature of the | case | Court o | r agency | | | Status of the case |
| Case title | | | | | | | | Pending |
| | | <u></u> | | Court Nan | ne | | | On appeal |
| Case number ـ | | _ | | Number | Street | | | Concluded |
| | | | | City | | State | ZIP Code | |
| Case title | | | | | | | | Pending |
| | | | | Court Nan | ne | | | ☐ On appeal☐ Concluded |
| Case number . | | _ | | Number | Street | | | Gondadea |
| | | | | City | | State | ZIP Code | |
| Within 1 year | before you filed for ba | nkruptcy, was any of | your property repo | ossessed, foreclos | ed, garnish | ed, attache | d, seized, or | levied? |
| No. Go to li | apply and fill in the detaine | is below. | | | | | | |
| | he information below. | | | | | | | |
| | | | | | | | | |
| | | | Describe the pro | perty | | Dat | е | Value of the property |
| Creditor' | s Name | | | | | | | |
| Number | Street | | Explain what hap | ppened | | | | |
| | | | ☐ Property was re | | | | | |
| | | | Property was fo | | | | | |
| City | Sta | ite ZIP Code | ☐ Property was ga | | o, do d | | | |

First Name

Rafat Case:17-02520-swd Doc #:1 Filed: 05/19/2017 Page 50 of 60 Case number (if known) Safa Lafy

Last Name

Middle Name

| | | Describe the property | Date | Value of the property |
|---------------------------------|------------------------------------|---|----------------------------|---------------------------|
| | | 2000 ISO the property | Duto | raido or trio property |
| | Craditaria Nama | | | |
| | Creditor's Name | | | |
| | Number Street | Explain what happened | | |
| | | Property was repossessed. | | |
| | - | Property was foreclosed. | | |
| | | Property was garnished. | | |
| | City State ZIP Code | Property was attached, seized, or levied. | | |
| \(\sqrt{1} \) | No Yes. Fill in the details. | | | |
| | | Describe the action the creditor took | Date action was taken | Amount |
| _ | Creditor's Name | | | |
| С | Stocker of Name | | | |
| _ | Number Street | | | |
| _ | | Last 4 digits of account number: YYYY— | | |
| _ N | | Last 4 digits of account number: XXXX | | |
| - - - 12. With a ci | Number Street City State ZIP Code | Last 4 digits of account number: XXXX any of your property in the possession of an assignee f | or the benefit of creditor | s, a court-appointed rece |

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Safa M Lafy

First Name Middle Name Last Name

| person | per Describe the gifts | Dates you gave the gifts | Value |
|---|--|--------------------------|-------------------|
| | | | |
| Person to Whom You Gave the Gift | | | |
| | | | |
| Number Street | | | |
| City State ZIP Co | de | | |
| Person's relationship to you | | | |
| Gifts with a total value of more than \$600 person | per Describe the gifts | Dates you gave the gifts | Value |
| | | | |
| Person to Whom You Gave the Gift | | | |
| | | | |
| | | | |
| Number Street | | | |
| | | | |
| City State ZIP Co | de | | |
| City State ZIP Co | | | |
| Person's relationship to you Jithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or control Gifts or contributions to charities that | tcy, did you give any gifts or contributions with a totribution. | Date you | charity? Value |
| Person's relationship to you Jithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or conti | tcy, did you give any gifts or contributions with a totribution. | | |
| Person's relationship to you Jithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or control Gifts or contributions to charities that | tcy, did you give any gifts or contributions with a totribution. | Date you | |
| Person's relationship to you Jithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or contributions to charities that total more than \$600 | tcy, did you give any gifts or contributions with a totribution. | Date you | |
| Person's relationship to you Jithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or contributions to charities that total more than \$600 | tcy, did you give any gifts or contributions with a totribution. | Date you | |
| Person's relationship to you Jithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or control Gifts or contributions to charities that total more than \$600 Charity's Name | tcy, did you give any gifts or contributions with a totribution. | Date you | |
| Person's relationship to you Jithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or control Gifts or contributions to charities that total more than \$600 Charity's Name | tcy, did you give any gifts or contributions with a totribution. | Date you | |
| Person's relationship to you Jithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or contributions to charities that total more than \$600 Charity's Name Number Street City State ZIP Code 6: List Certain Losses | tcy, did you give any gifts or contributions with a total ribution. Describe what you contributed | Date you contributed | Value |
| Person's relationship to you Jithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or contributions to charities that total more than \$600 Charity's Name Number Street City State ZIP Code 6: List Certain Losses | tcy, did you give any gifts or contributions with a totribution. | Date you contributed | Value |

| Debtor | 1 |
|--------|---|
| Debtor | - |

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|---|
|---|

| r 2 | Sata | M | Laty | | |
|----------------|--|------------------|--|-----------------------------|-------------------------|
| | First Name | Middle Name | Last Name | | |
| Describe th | the property you lost and | Describe any ins | urance coverage for the loss | Date of your loss | Value of property los |
| | oss occurred | • | <u>-</u> | Date of your loss | talac of property los |
| | oo oodan od | | on that insurance has paid. List pending on line 33 of Schedule A/B: Property. | | |
| | | | , , | | |
| | | | | | |
| | | | | | |
| 7: List Ce | ertain Payments or T | ransfers | | | |
| | | | | | |
| | before you filed for bankru pr preparing a bankruptcy p | | yone else acting on your behalf pay or tra | nsfer any property to anyon | e you consulted about s |
| | | | counseling agencies for services required in | n your bankruptcy. | |
| No | | | | | |
| Yes. Fill in t | the details. | | | | |
| | | Description ar | nd value of any property transferred | Date payment or | Amount of payment |
| Savage Leo | gal Group, PC | Description at | ia value of any property transferred | transfer was made | Amount of paymont |
| Person Who | | | | a anoior was made | |
| | | Attorney Fee | | May 16, 2017 | \$450.00 |
| 1483 Haslet | | | | iviay 16, 2017 | <u></u> |
| Number S | Street | | | | |
| | | | | | |
| Haslett, MI | | | | | |
| City | State ZIP Code | ? | | | |
| Email or web | bsite address | | | | |
| Person Who | Made the Payment, if Not Yo | ou | | | |
| | | Description ar | nd value of any property transferred | Date payment or | Amount of payment |
| Summit Bar | nkruptcy Counseling | | | transfer was made | |
| Person Who | o Was Paid | | | | |
| | | | | May 17, 2017 | \$14.95 |
| Number S | Street | | | | |
| | | _ | | | |
| | | | | | |
| City | State ZIP Code | | | | |
| Email or web | bsite address | | | | |
| | | | | | |
| Person Who | Made the Payment, if Not Yo | ou | | | |
| Person Who | Made the Payment, if Not Yo | ou | | | |

√No

Yes. Fill in the details.

| Debtor | 1 |
|--------|---|
| Debtor | 2 |

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|--------|------------------------|
|--------|------------------------|

| | First Name | Middle Name | Last Name | | | |
|----------------------------|--|-------------------------------|-----------------------------|-------------------------------------|---|------------------------|
| | | Description and | d value of any property tr | ansferred | Date payment or transfer was made | Amount of payment |
| Person Who Was F | Paid | | | | uansier was made | |
| | | | | | | |
| Number Street | | | | | _ | |
| | | | | | | |
| City | State ZIP Code | | | | | |
| ourse of your businglished | ness or financial affa | airs? ers made as security | (such as the granting of a | | nyone, other than property ortgage on your property). | transferred in the ord |
| Yes. Fill in the de | tails. | | | | | |
| | | Description an transferred | d value of property | Describe any pro or debts paid in 6 | perty or payments received exchange | Date transfer was made |
| Person Who Recei | ved Transfer | | | | | |
| Number Street | | | | | | |
| City | State ZIP Code |) | | | | |
| Person's relationsh | nip to you | - | | | | |
| Person Who Recei | ved Transfer | | | | | |
| Number Street | | | | | | |
| City | State ZIP Code | | | | | |
| • | nip to you | | | | | |
| | ore you filed for banl otection devices.) | | nsfer any property to a sel | if-settled trust or sim | ilar device of which you ar | e a beneficiary?(Thes |
| | | Description an | d value of the property tr | ansferred | | Date transfer was made |
| | | | | | | |
| Name of trust | | _ | | | | |

List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

First Name

Middle Name

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Last Name

| | Within 1 year before you filed for bankrupto transferred? Include checking, savings, money market, o funds, cooperatives, associations, and other | r other financial accounts; certificates | | - | |
|-----|--|---|------------------------------------|--|---|
| | √No | | | | |
| | Yes. Fill in the details. | | | | |
| | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | Name of Financial Institution | XXXX | ☐ Checking ☐ Savings | | |
| | Number Street | | ☐ Money market ☐ Brokerage ☐ Other | | |
| | City State ZIP Code | | | | |
| | Name of Financial Institution | XXXX | ☐ Checking ☐ Savings | | |
| | Number Street | | ☐ Money market ☐ Brokerage | | |
| 21. | City State ZIP Code Do you now have, or did you have within 1 year ✓ No ☐ Yes. Fill in the details. | before you filed for bankruptcy, any safe o | Other | ory for securities, cash, or oth | ner valuables? |
| | | Who else had access to it? | Describe the cor | ntents | Do you still have it? |
| | Name of Financial Institution | Name | | | □ No □ Yes |
| | Number Street | Number Street | | | |
| | | City State ZIP Code | • | | |
| | City State ZIP Code | | | • | |
| 22. | Have you stored property in a storage unit or pl ✓ No ✓ Yes. Fill in the details. | ace other than your home within 1 year b | etore you filed for bankruptc | y? | |
| | ies. Fili III trie details. | Who else has or had access to it? | Describe the cor | ntents | Do you still have |

| Debtor 1 Debtor 2 | Rafat Case | 17-02520-SW0 M | DOC #: Abuday Lafy | yeh | 15/19/2017 Page 55 01 Case r | number (if known) |
|--|--------------------------|----------------------------|--------------------------|-------------------|---|-------------------------------------|
| | First Name | Middle Name | Last N | ame | | |
| | | | | | | |
| N | F | | | | | □No |
| Name of Storage | Facility | Name | | | | Yes |
| Number Stre | et | Number St | reet | | | |
| | | | | | | |
| | | City | State | ZIP Code | | |
| City | State ZIP C | | Compone F | -loo | | |
| Part 9: Identify | Property You Hi | old or Control for | Someone E | ise | | |
| | ntrol any property tha | at someone else owns? | Include any p | roperty you borro | owed from, are storing for, or hold in trus | t for someone. |
| ✓ No ☐ Yes. Fill in the | dotoilo | | | | | |
| Tes. Fill III trie | details. | Where is the | e property? | | Describe the property | Value |
| | | Where is the | c property: | | besonibe the property | value |
| Owner's Name | | Niumbar St | | | | |
| | | Number St | reet | | | |
| Number Stre | et | | | | | |
| | | City | State | ZIP Code | | |
| | | O.I.y | Olulo | 2.11 0000 | | |
| City | State ZIP C | ode | | | | |
| | | | | | | |
| Part 10: Give De | tails About Env | rironmental Inform | iation | | | |
| or the purpose of Par | | , | 1.0 | | | |
| | e air, land, soil, surfa | | - | • . | on, contamination, releases of hazardo atutes or regulations controlling the cle | |
| Site means any lo including disposa | | perty as defined under a | any environme | ental law, whethe | r you now own, operate, or utilize it or u | sed to own, operate, or utilize it, |
| Hazardous materi | | n environmental law de | fines as a haza | ardous waste, ha | azardous substance, toxic substance, ha | azardous material, pollutant, |
| • | | ngs that you know about | t, regardless o | f when they occu | urred. | |
| 4. Has any governme | ental unit notified you | u that you may be liable | or potentially li | able under or in | violation of an environmental law? | |
| √ No | | | | | | |
| Yes. Fill in the | details. | | | | | |
| | | Government | al unit | E | nvironmental law, if you know it | Date of notice |
| | | | | | | |
| Name of site | | Governmental u | ınit | | | |
| | | | | | | |
| Number Stre | et | Number Str | et | | | |
| | | City | State ZIP | Code | | |
| City | State ZIP C | | | | | |
| | | | | | | |
| Have you notified a✓ No | any governmental ur | nit of any release of haza | ardous materia | al? | | |
| Yes. Fill in the | deteile | | | | | |

First Name

Rafat Case:17-02520-swd $\begin{array}{ccc} \text{Doc $\#$:1$} & \text{Filed: 05/19/2017} & \text{Page 56 of 60} \\ & \text{Abudayeh} & \text{Filed: 05/19/2017} & \text{Page 56 of 60} \\ & \text{Case number (if known)} \end{array}$ Safa Lafy

Last Name

Middle Name

| | Governmental unit | Environmental law, if you know it | Date of notice |
|---|--|---|------------------|
| Name of site | Governmental unit | | |
| Name of the state | Novelor Circui | | |
| Number Street | Number Street | | |
| | City State ZIP Code | • | |
| City State ZIP Code | _ | | |
| ÍNo | ninistrative proceeding under any environm | nental law? Include settlements and orders. | |
| Yes. Fill in the details. | Court or agency | Nature of the case | Status of the ca |
| Case title | | | Pending |
| | Court Name | | On appeal |
| | Number Street | | Concluded |
| Case number | City State ZIP Code | | |
| □ A partner in a partnership □ An officer, director, or managing ex □ An owner of at least 5% of the votil No. None of the above applies. Go to Pa | ng or equity securities of a corporation | -L) | |
| Yes. Check all that apply above and fill in | n the details below for each business. | | |
| | Describe the nature of the busines | Employer Identification nur Do not include Social Secu | |
| Name | | EIN: | |
| Number Street | Name of accountant or bookkeepe | Dates business existed | |
| | | FromTo _ | |
| City State ZIP Code | Describe the nature of the busines | s Employer Identification nur | mber |
| Name | _ | Do not include Social Secu | |
| | _ | EIN: | |
| Number Street | Name of accountant or bookkeepe | Pares business existed | |
| | | FromTo _ | |
| City State ZIP Code | _ | | |

First Name

Rafat Case:17-02520-swd Doc #:1 Filed: 05/19/2017 Page 57 of 60 Case number (if known) Safa Lafy

Last Name

Middle Name

| | Describe the nature of the business | Employer Identification number |
|--|--|---|
| Name | | Do not include Social Security number or ITIN. |
| name | | EIN: |
| | | EIN: |
| Number Street | | |
| | Name of accountant or bookkeeper | Dates business existed |
| | | _ |
| | | From To |
| City State ZIP Code | • | |
| 28. Within 2 years before you filed for bankruptcy, parties. | did you give a financial statement to anyone about y | your business? Include all financial institutions, creditors, or other |
| ✓ No | | |
| | | |
| Yes. Fill in the details below. | | |
| | Date issued | |
| | | |
| | . <u></u> | |
| Name | MM / DD / YYYY | |
| | | |
| Number Street | • | |
| | | |
| | • | |
| | | |
| City State ZIP Code | | |
| | | |
| Part 12: Sign Below | | |
| | | |
| | | clare under penalty of perjury that the answers are true and |
| | nment for up to 20 years, or both. 18 U.S.C. §§ 15 | or property by fraud in connection with a bankruptcy case 2. 1341, 1519, and 3571. |
| | | -, , , |
| V | V | |
| /s/ Rafat A Abudayeh | X | Safa M Lafy |
| Signature of Debtor 1 | Signature of Debtor 2 | |
| | | |
| Date <u>05/19/2017</u> | Date <u>05/19/2017</u> | |
| | | |
| | | |
| Did you attach additional pages to Your Sta | ntement of Financial Affairs for Individuals Filing | for Bankruptcy (Official Form 107)? |
| | noment of this fold this for marriagale thing | To Zamiapio, (emoiar em 181). |
| ₩No | | |
| Yes | | |
| | | |
| Did you hav or saree to hav compone who is | | |
| Did you pay or agree to pay someone who is | s not an attorney to help you fill out bankruptcy fo | orms? |
| ✓ No | s not an attorney to help you fill out bankruptcy fo | orms? |
| ✓No | | |
| | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

Case:17-02520-SWITHE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF MICHIGAN GRAND RAPIDS DIVISION Page 58 of 60

IN RE: Abudayeh, Rafat A Lafy, Safa M

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

| The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge. | | | |
|--|-----------|----------------------|--|
| Date 05/19/2017 | Signature | /s/ Rafat A Abudayeh | |
| Data 05/10/2017 | Signature | /c/ Safa M Lafy | |

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Barclay's Bank Delaware PO Box 8803 Wilmington, DE 19601

Capital One Bank USA NA PO Box 30281 Salt Lake City, UT 84130

Chase Bank PO Box 15298 Wilmington, DE 19850

Citi PO Box 6241 Sioux Falls, SD 57117

Comenity Bank - Younkers PO Box 182789 Columbus, OH 43218

Discover Financial Services LLC PO Box 15316 Wilmington, DE 19850

DSNB/Macy's PO Box 8218 Mason, OH 45050

Fed Loan Servicing PO Box 60610 Harrisburg, PA 17106

Freg Coolidge Place Associates LLC 1551 Pebblecreek East Lansing, MI 48823

Juniper Card Services PO Box 60517 City of Industry, CA 91716 Case:17-02520-swd Doc #:1 Filed: 05/19/2017 Page 60 of 60

Kohls/Capitol One PO Box 3115 Milwaukee, WI 53201

T-Mobile Customer Relations P.O. Box 37380 Albuquerque, NM